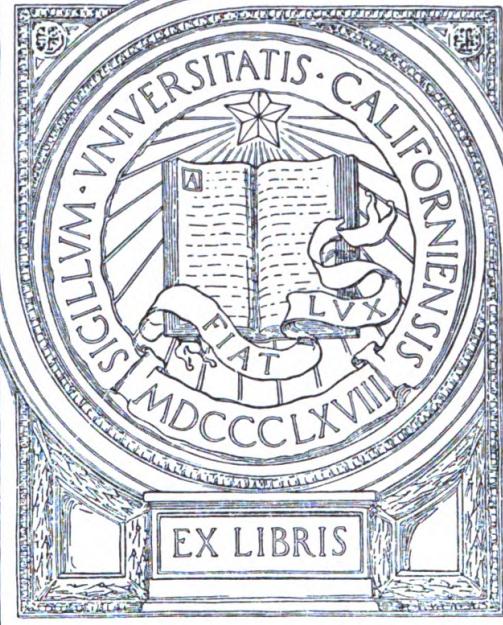
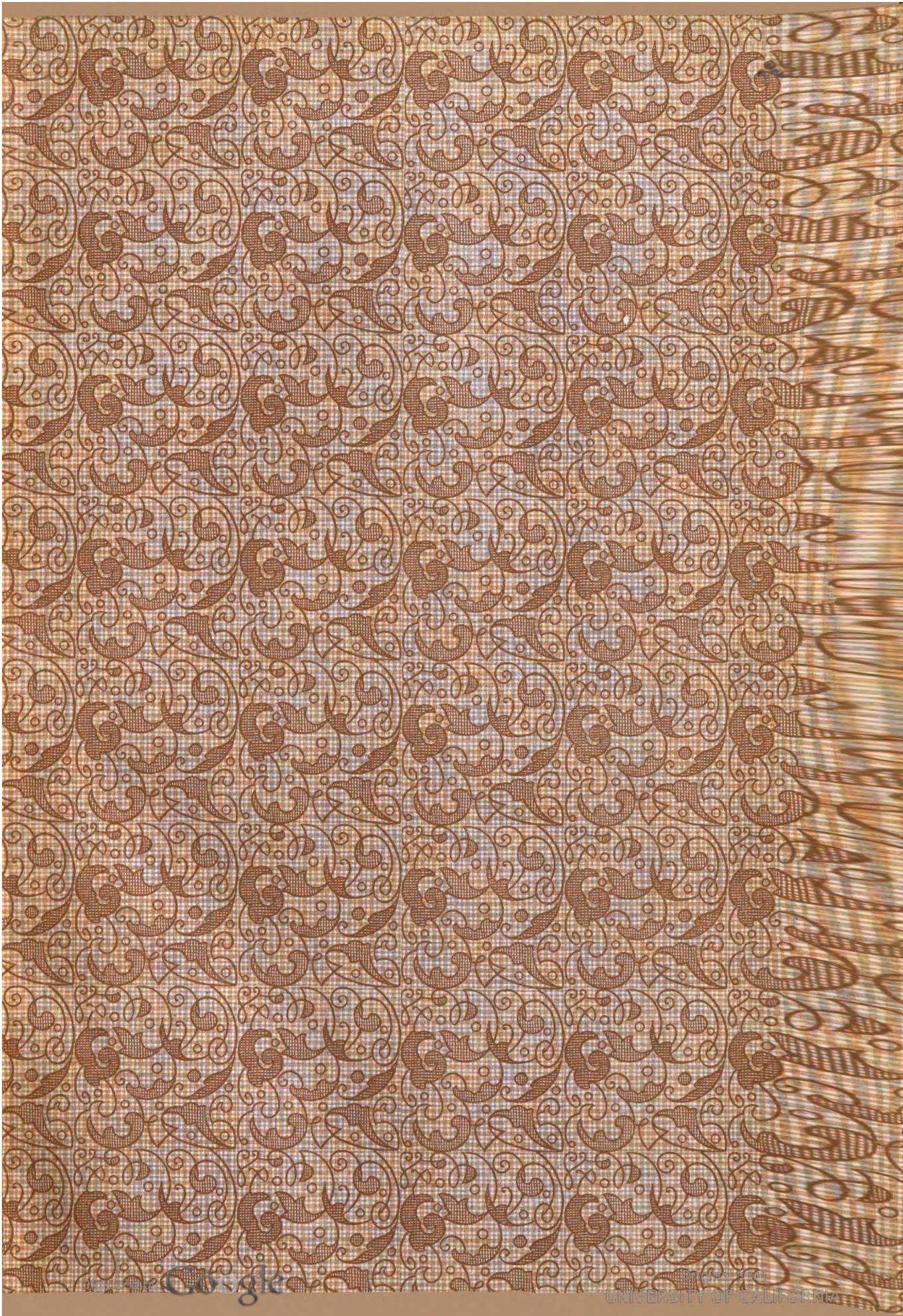


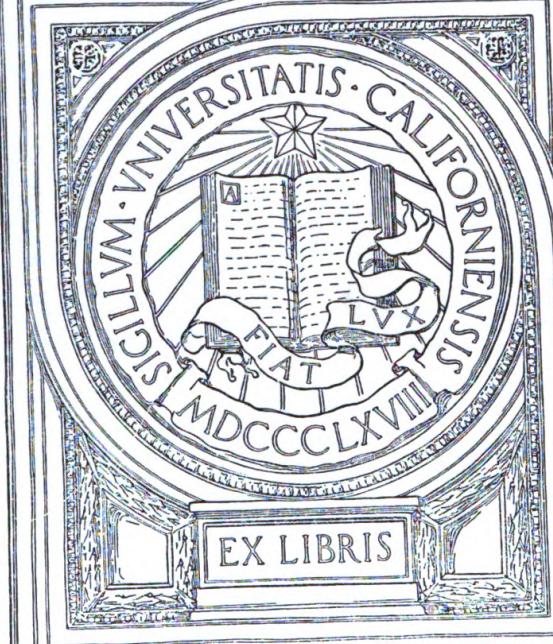
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THE
HOMŒOPATHIC WORLD.

JANUARY 1, 1914.

**POINTS OF AGREEMENT OR POINTS OF
DIFFERENCE.**

THE New Year is proverbially the time for good resolutions, and the determination which without doubt every follower of Hahnemann is making, to do something this year to forward the cause of Homœopathy, will, we hope and believe, lead to a marked advance. In many ways the task is easier than it was some years ago. There is more inclination to listen, less difficulty in obtaining a hearing, more curiosity and less prejudice. All this is to the good. But there remains the need to consider how best to make use of these more favourable opportunities. Shall we lay stress upon the many, many ways in which we agree with our orthodox brethren, or shall we insist rather on our distinctive differences ? Years ago, when the name homœopathist was a term of contempt and derision to the dominant school, it was no doubt well to point out at all times and seasons that our doctors were similarly trained and shared to the full every advance made by their colleagues in surgery, bacteriology, diagnosis and so forth, and that their distinctive views with regard to the application of drugs to diseases, while a most important part of the art of medicine, were nevertheless only a part ; therefore their agreement with the orthodox in other spheres should be taken as evidence that they were not wilfully separating themselves from the profession, but only desirous of bringing their own experiences into the common stock. Now, however, that there seems to be more willingness to consider, at any rate, those contributions which our physicians can

make to medical knowledge, surely it were wiser not to minimize them unduly. Our points of agreement may be taken for granted, but unless we can give a good account of our points of difference, we may well be asked why we keep a special name for our hospitals and dispensaries. Homœopathy is a method of using drugs, and no more; but consider what an extensive and important sphere of action that is! There is hardly a case that cannot be to some extent aided by a well-chosen remedy, even though sometimes no remedy may be *essential* to cure; for the great majority of chronic diseases the practice of Homœopathy is a help that can hardly be exaggerated. Let us therefore, while neither decrying the discoveries of the orthodox, nor vainly vaunting our own, nevertheless show a measured but a full confidence that we do possess weapons of power. Confidence inspires confidence, and we have no cause to do anything but hold our heads high as homœopathists, always provided that we spare no pains to perfect our own knowledge, and are willing at least to consider the possibility that when we fail (as we all sometimes fail), the failure may lie less in the law of Hahnemann, than in our own faulty application of it.

PHOSPHORIC ACID IN NEURASTHENIA.—A chronic, general nervous debility, usually with burning pain in spine and with general apathy; weakness in morning after rising, with apathy; sour eructations after eating; pressure, pain and weight in the pit of the stomach after eating; a crushing, pressive headache in the vertex aggravated by mental exertion; aching as if vertex had been beaten; the hair becomes grey early and falls out, the effect of mental strain; gums bleed easily; diarrhoea, thin, whitish grey, often involuntary stools after excitement; milky urine loaded with phosphates, sometimes containing sugar; scraping sensation in the periosteum of all the bones is often found in tubercular patients; seminal emissions frequent. Stomach symptoms ameliorated by warm food, every draught of air aggravates. The 30th has served me the best. I have also seen good results from Horsford's acid phosphate taken after meals.
—Royal, in *Iowa Homœopathic Journal*.

NEWS AND NOTES.

IMMUNIZATION BY DRUGS.

DR. H. KROHL writing in the *Berlin Klin. Woch.*, expresses the belief that *Mercury*, which he administers subcutaneously in the form of the benzoate (1 per cent. solution, 10 ccm. at a dose), raises the resistance of the body towards many streptococcal germs, and is therefore prophylactic against such infections as erysipelas, scarlatina, puerperal fever. He attributes the effect to an antiseptic action, but surely if it is to be prophylactic it must act through increasing the specific bodily resistance. The results of homœopathic experiment, clinical and laboratory, tend to show that the simillimum has this power, and while we should not expect uniform success from the use of one remedy for all cases, the homœopathicity of *Mercury* to many of these infections is obvious enough in the provings.

THE APPENDIX.

Dr. R. Robinson, in a paper read before the Academy of Science in Paris, states that he has obtained a "hormone" from the appendix, which markedly stimulates contractions of the large intestine, and is therefore a natural agent against constipation. It is certain that appendicitis cases are nearly always constipated, lacking, no doubt, the necessary natural stimulus, but also it is clear that the appendix is not a useless organ and should not be too lightly removed.

ALLIUM CEPA.

Acute catarrhal inflammation of mucous membranes, with increased secretion.

Catarrhal dull headache, with coryza; < in the evening, > in open air; < on returning to a warm room (compare *Euph.*, *Puls.*).

Headache ceases during menses; return when flow disappears (*Lach.*, *Zinc.*)

Eyes; burning, biting, smarting, as from smoke, must rub them; watery and suffused; capillaries injected and excessive lachrymation.

Coryza ; profuse, watery, and acrid nasal discharge, with profuse, bland lachrymation (profuse, full of acrid tears, bland and fluent coryza, *Euph.*).

Acrid watery discharge dropping from tip of nose (*Ars.*, *Ars. iod.*).

Spring coryza ; after damp north-easterly winds ; discharge burns and corrodes nose and upper lip.

Hay fever ; in August every year ; violent sneezing on rising from bed ; from handling peaches.

Nasal polypus (*Mar. v.*, *Sang.*, *Sang. nit.*, *Psor.*).

Catarrhal laryngitis ; cough compels patient to grasp the larynx ; seems as if cough would tear it.

Colic ; from cold by getting wet feet ; over-eating ; from cucumbers ; salads ; hæmorrhoidal ; of children ; < sitting, > moving about.

Neuralgic pains like a long thread ; in face ; head ; neck ; chest.

Traumatic chronic neuritis ; neuralgia of stump after amputation ; burning and stinging pains.

Sore and raw spots on feet, especially heel, from friction. "Efficacious when feet are rubbed sore"—Dioscorides.—*From the Journal of A. I. H.*

ASYLUM EXTENSION IN WILTSHIRE.

The Wilts County Council are proposing to spend £30,000 on Asylum extensions. Mr. Caird, so well known to all homœopathists for his zeal and enthusiasm and untiring exertions in the cause of Homœopathy, took advantage of the occasion to plead the cause of homœopathic treatment, pointing out that American Government Statistics pointed to a superiority in the results of such treatment, and suggesting that an effort should be made to make some experiments in this direction. Mr. Caird's speech was exceedingly well received, and whatever comes of it we owe him a debt of gratitude for bringing Homœopathy thus prominently forward.

A LAPIS ALBUS CASE.

On the 5th of December, 1906, Mrs. W. asked me what could be done for her little boy who had a tumour.

I was attending Mrs. W. herself at the time, and noticing the tumour on the boy asked Mrs. W. about it. She said the little fellow, about four years old, had fallen while playing on the barn floor and struck the lower jaw just back of the chin on the edge of a plank. A sore spot remained, although the skin was not broken. Soon after she noticed that a little bunch was to be felt at the seat of the injury. This bunch grew larger and larger. At the time when I saw it it was about as large as a pigeon egg, and just about filled the space between the two rami of the lower jaw. It was very prominent, almost like a double chin, and prevented the little fellow from bringing his chin close to the neck. Where the tumour pressed on the skin internally there was a red, inflamed spot about as large as a nickel. The skin here was very thin, tightly stretched and sensitive to the touch. The whole tumour was movable and as hard as stone. The little fellow's health was good otherwise.

I told the mother that it looked as if it would have to be taken out with an operation. She said that this was what they had been afraid of. Then I told her that it would do no harm to try an internal remedy, perhaps the tumour could be got rid of. If the remedy were not successful an operation could be performed just the same.

I put the little fellow on *Lapis albus* 6x, one dose to be taken before each meal. I asked the mother to bring the little fellow to the office if things did not go just right. In January, or about six weeks after I gave him the medicine, the mother brought the little fellow to the office. The tumour had diminished to about the size of a plain pill. It was soft and the skin overlying it very red. It looked like a good-sized boil almost ready to break. I had a good notion to incise it, as there seemed some fluctuation in the centre. The mother said she had worried about this being so red. She had not noticed that the tumour was almost gone, being afraid to touch it.

Not wanting to spoil a homœopathic cure, I did not incise it, but told the mother to continue the remedy as before. If the swelling should break and

discharge she was to bring the boy to the office again. I did not see anything more of her till four weeks after I met her at a neighbour's. Upon my inquiry how the boy was getting along she said that the swelling did not break at all, but all went away gradually and nothing wrong could be felt under the boy's chin. She said she had not been giving the pills for some time and had a lot of them left.

Thus another surgical fee was lost.—By Karl Greiner,
M.D., Sparta, Mich.

A THEORY OF CAUSATION OF ASTHMA.

DR. JAMES ADAM, writing on this subject, comes to the following conclusions :—

Asthma is primarily a toxæmia; this condition arises partly in the bowel, partly in the tissues; it arises partly by absorption of nitrogenous poisons resulting from intestinal putrefaction under microbic action, but is mainly due to an error in nitrogenous metabolism, the result of imperfect oxidation or enzyme action. In short, the poison arises from protein food or protein tissue. The error in protein metabolism is closely connected with excess of carbohydrate in the diet. The toxæmia, whether arising in bowel or tissues, or both, tends to show itself first as catarrh later as spasm in the respiratory tract.

We think it doubtful if this is a complete explanation, but it is a fact that the digestive symptoms in asthma cases have great value as indications for a suitable remedy.

Two RADIUM CASES.

MISS B., age 18. Rheumatoid pains in the joints, principally in the small joints. Goître. Bowels regular. Urine normal. Dysmenorrhea. Menstruation regular as to time and quantity. Gave her *Radium brom.*, 6th trit, three times a day, January 7th, 1911. February 19th, much improved. Continued the *Radium* twice a day; reported the 1st of April very much improved and she notes the goître is less prominent. May 25th, still improving. June 3rd,

rheumatoid pains have entirely disappeared. Goître scarcely visible. Menstruation regular and without pain. Continued the *Radium* another month. Up to this time, May, 1912, has had no return of the rheumatoid pains.

Mr. J. L. H., age 45. July 24th, 1911. Insomnia; fearfully nervous; indigestion. Dull backache in lumbo-sacral region, relieved by continued exercise; aggravated by sitting quietly. Pains in shoulders and in the hands are rheumatoid in character; are relieved by motion, but aggravated by sitting quietly. Gave *Radium bromide* three times a day—6th trit. At the end of ten days no improvement. Discontinued the *Radium* and gave him *Sulphur* high, one dose, to return in a week. Then gave him the *Radium* night and morning. Began to improve within a few days, and when he reported on the 25th of August, he was sleeping well; digesting his food satisfactorily; entirely relieved of the pain in the back; but still having pains in the shoulders and hands. Continued the radium once a day; when he reported to me in September he was entirely relieved; have not heard from him since.—*Dr. Harlow Drake.*

— — —
TRITURATION.

AT a meeting of the New York Academy of Medicine, an orthodox body, on December 7th, Dr. Jerome Alexander, and Dr. Jesse Bullowa, made the following statements as the result of their experiments:—

“ If one examined the suspension of any fine powder with the ordinary microscope, the individual particles exhibit a slight trembling motion known as the ‘ Brownian movement.’ ”

“ Although this movement is more marked in the case of smaller particles, it is not sufficient to keep them afloat, and they gradually sink out of solution.

“ But with the ultramicroscope it has been demonstrated that with increasing fineness of sub-division [such as is obtained with the ordinary homœopathic trituration. Ed.], the motion of the sub-divided particles *continued to increase in speed and amplitude*, until it

becomes so vigorous and extensive that the particles no longer settle, but remain permanently afloat, that is, they have what is now termed a colloidal solution. If the sub-division is proceeded with still further they gradually pass into the sphere of true or crystalloidal solutions, wherein the infinitesimal particles of the dissolved [now thoroughly liberated or disintegrated] substances are reduced to molecular dimensions, or are even split up into *ions*."

These experiments should be confirmed, for they are of the utmost importance to Homœopathic pharmacy.

HOMŒOPATHY IN CHINA.

A correspondent writes to us from China as follows: "Ningpo city has employed Chinese Homœopathic doctors for its first Hospital and Dispensary." This is indeed an interesting piece of news.

CHILDREN'S HOMŒOPATHIC DISPENSARY.

All who are interested in the advancement of Homœopathy, and especially the friends and subscribers to the above institution, will be glad to know that very suitable premises have now been secured at Shepherd's Bush Green; a corner house facing the green, nearly opposite to the "Tube" station—one of the most accessible centres in London.

Preparations are now being made for an early opening in the new year. There is a complete staff for carrying on the work, and a most energetic committee have been untiring in their efforts to start the new dispensary on the right lines.

When matters have shaped themselves and things are in order, a formal opening ceremony will take place. Sir Robert Perks, Bart., has kindly consented to officiate on this occasion, and it is hoped there will be a good rally of supporters to mark this historic event in Homœopathy. Due notice will be given of the date.

ORIGINAL COMMUNICATIONS.

HOMŒOPATHY IN RUSSIA.

By DR. N. M. SERKOFF, of Moscow.

(Chairman of the Committee of the Pan-Russian Homœopathic Congress, St. Petersburg, 1913.)

The principal historical events in the spread of the teaching of Dr. Hahnemann amongst the Russian people (being a paper written by Dr. Serkoff, of Moscow, and read by Dr. Burford at the dinner of the British Homœopathic Society Meeting, December 4th, 1913).

MR. PRESIDENT AND GENTLEMEN,

My subject to-night is to point out some facts of the beginning, in the early years of last century, of Homœopathy in Russia, and how it developed little by little, and how the great idea of Dr. Hahnemann was accepted by the Russians; how they understood it, and how they appreciated it.

I think it is important that we who are persuaded followers of the same truth should know one another, and it is important to understand and appreciate the work of every nation, to do our best to further our one ultimate purpose.

Two important factors are—to help one another—and to live peaceably together.

It is for these ideas which are so near and dear to me that I am travelling in different countries, European and American, where Homœopathy is established. We Russians want to see and know your English work, and at the same time to give you some information concerning what we have done for Homœopathy in Russia; there are four principal events, each of which represents by itself a new period in Russian Homœopathy.

I.—The very first beginning of Homœopathy in Russia (1821-24).

II.—The publishing of the first Law, giving permission to practise Homœopathy (1833).

III.—The formation of the first Society of Doctors of Homœopathy (1868).

IV.—The first convocation of all the Russian followers of Homœopathy (1913).

THE FIRST PERIOD (1821-1833).

The first doctors of Homœopathy in Russia were Dr. Shtegemann (Riga, 1821), Dr. Begal (Warsaw, 1824), Dr. Herring (St. Petersburg, 1824).

All these three doctors possessed great knowledge, experience, and powers.

Their activity at the beginning of Homœopathy in Russia deserves particular sympathy and thanks from the present generation. From 1826 Homœopathy was openly practised in St. Petersburg by Dr. Treenious, the nephew of Dr. Hahnemann, *who was physician to the Imperial family*, and by Dr. Hermann, the private doctor of Duchess Golitzin. The very successful Homœopathic curing of dysentery by Dr. Hermann, drew the attention of Grand Duke Michael Pavlovitch, who wished to introduce it into the Russian army. The Emperor Nicholas I., who it is known looked at this new teaching very favourably, demanded a report about Homœopathy, and, as a consequence, gave an order of commission to Dr. Hermann to make some experiments with Homœopathy at Toolchinsk Military Hospital.

But at the same time there were many other doctors who disliked the theory of Homœopathy, and tried to make Dr. Hermann's experiments less effective than they would have been, and they finally made an adverse report on it.

But soon the Emperor, *understanding the conditions* under which Dr. Hermann worked, gave an order to transfer him to St. Petersburg, to the Military Hospital there, and to continue his experiments.

A great event now happened, the principal doctor of the hospital, Dr. Hillen, who observed the results of Homœopathy—homœopathic curing—became a Homœopathist himself.

All experiments had been stopped by the Medical Council, who had made a report unfavourable to

Homœopathy, and they were about to stop completely all homœopathic treatment. But about this same time, in many parts of Russia, Cholera broke out. The doctors of Allopathy did not know how to cure this horrible and hitherto unknown disease. People died by hundreds, and a panic spread abroad. It was then that Homœopathy came splendidly to the front.

Private Russian people, not doctors, fully convinced by trials on themselves, and on their friends, of the merits of Homœopathy, *and not waiting for the ending of quarrels amongst doctors, came forward to help themselves and the people*, "For the sake of charity, and for truth and love of humanity."

Here are the names of these prominent laymen : C. Korsakoff, Joolinoff, Vrassky, and later Homiakoff Dullmatoff ; and also the Metropolitan Phillaretous, etc. To these men Homœopathy is indebted for its spread and maintenance in Russia.

They themselves cured cholera-stricken people, collected statistics of the curing of cholera by Homœopathy, proclaimed the results of curing, and began to correspond with Dr. Hahnemann, who wrote articles on Homœopathy for them. Women, as is usual with Russian women, were great workers herein with their husbands. . . . They all lived and worked for the people and for Homœopathy !

A contemporary, the military Dr. Cherminsky, cured Cholera very successfully, and wrote a proposal to introduce Homœopathy into the army, but the Russian Government refused his offer, and was about to issue a governmental order prohibiting the use of Homœopathy in Russia ; and here Mordvinoff, Golitzin, Hetroff and many others did their utmost to preserve Homœopathy to the people, and for that purpose sent to the Imperial Council a report of the cure of Cholera by Homœopathy.

As a result of well organised activity it was brought about that, on the 26th of September, 1833, *a law was published, giving rights in Russia for private practice of Homœopathy, and for the formation of special homœopathic centres*. The ten years of hard fighting to establish homœopathic treatment was successfully

ended. Dr. Hahnemann, who knew of the strenuous work of the Russian people, wrote to Korsakoff in 1832 :—

“Continue your activity, that pleases the heart which is able to feel, and I ask you to interest your honourable Emperor, Yours sincerely, Samuel Hahnemann.” Thus ended the first period of struggle for Homœopathy, and now henceforth its development began in great Russia.

THE SECOND PERIOD (1833-1868).

As soon as curing by Homœopathy was sanctioned by law, the doctors of Homœopathy appeared in different parts of Russia, and with them many professors from the Universities of Moscow and St. Petersburg, and they had very brilliant results. But the central figure of this period is Dr. Dull, at that time the most severe critic and enemy of Homœopathy. Dr. Lessing introduced into Orenburg the true light, and this prominent man Dull, from being an arch-enemy of Homœopathy, became an ardent follower of it. He now did his utmost to show the strength of Homœopathy as compared with Allopathy, and to prove its superiority he tested both systems in St. Petersburg’s Hospital for Workmen, thus attracting the notice of doctors; but it was all in vain; quarrels still went on until Cholera broke out again in 1847, when it provided still more proofs of the benefit of Homœopathy.

Now the Minister of Internal Affairs made an order to open a Homœopathic Hospital in St. Petersburg for sufferers from Cholera. The homœopathic centres in Moscow and St. Petersburg began to publish books on Homœopathy in Russian, and also translations from foreign countries, distributing them amongst the people, and in 1861 was published the first journal on “Curing by Homœopathy,” edited by Dr. Herring, but the actual worker was Dr. Dericker, the star of the Russian homœopathists, of his time. He was the best expositor and the head of the Russian homœopathic literature, and by his initiative in 1868 was organised the first “Society of Homœopathic Doctors.” Later on, in 1872, under his own name, he edited the “Journal of

Physicians of Homœopathy in St. Petersburg," and thus began THE THIRD PERIOD of development of Homœopathy in Russia.

Dr. Dericker, understanding the greatness and importance of Homœopathy, distinctly saw its purpose, and definitely marked out the course which homœopathic activities should take in our country.

He saw that it would not be sufficient to have many societies of Homœopathy to ensure its popularity, but that there must be doctors, and some scientific journals.

Next, it was quite necessary to continue and increase the experiments, to explain Homœopathy in a simple, exact and clear language. He was a critical editor, active journalist, and a firm propagandist of Homœopathy amongst doctors, and a fine character as well.

He was the heart of the Society formed by him. The Russian people will always remember him as a noble warrior for the science, and the people.

After the death of Dr. Dericker, in St. Petersburg a Society of Followers of Homœopathy was formed, the initiator of which was Dr. Solovioff.

By his energy and activity he and other doctors opened a homœopathic hospital containing 100 beds in 1898, to the memory of Emperor Alexander II., and at the same time a sanatorium for homœopathists, at Sestroretsk.

The head of the Societies of Homœopathists at that time in St. Petersburg, was Dr. Brazol, and immediately after the death of Dr. Solovioff, he was elected as the chief physician to the Homœopathic Hospital, and the Chairman of "The Society of Followers of Homœopathy."

In 1871 Dr. Grouvogle read several lectures at the Finland University.

Dr. K. Bojannos (the father) was the first from whom Russia dates its history of Homœopathy. Moreover, he was the first of Russian doctors who crossed the ocean, to see the work of the American followers of Homœopathy.

Now the Homœopathic Society of Moscow has a regular hospital, and an organisation for visiting poor patients at their homes. This example is followed by

many other cities in Russia, and we have already about thirty-six special homœopathic centres. General Jheodorovskiy formed "The Society for curing one's self of Disease by Homœopathic means" (*i.e.*, a work on Domestic Practice(?)).

There are now over 100 doctors and two journals : (a) "The Homœopathic Physician," edited by Dr. Flemming; (b) "Messenger of Homœopathic Medicine," edited by Dr. Dewkoff.

There have been published homœopathic works of Russian doctors and translations of all the principal works of Doctors Hahnemann, Hughes, Farrington, and others. In Moscow, St. Petersburg, and Odessa, are frequent public lectures of Homœopathy, and to further advance this work Dr. Brazol and General Jheodorovskiy have made a lecture tour throughout Russia. . . . The number being treated by Homœopathy is reckoned by millions; the medical world of the old school becomes consequently smaller and smaller, and those who not very long ago were ready to refuse Homœopathy, now recognise and welcome it.

But there still is not peace, and the whole young medical generation was still dissatisfied, and their Medical Council referred matters to the Legislative Chamber to examine the situation all over it again.

Soon the result was declared.

The Legislative Chamber, by a new Act, destroyed the old law protecting Homœopathy, simply because they could not see anything new in it. In answer to this Act, by initiative of Dr. Brazol, a Pan-Russian Congress of Homœopathists was called, and this begins the fourth period of life in Russian Homœopathy.

THE FOURTH PERIOD (1913).

On the 20th, 21st, and 22nd of October (our dating November 2nd, 3rd, and 4th), the whole Russian followers of Homœopathy convened to consider the existing difficult conditions.

On the first day of opening of the Congress, they sent a telegram to the Emperor, and they had the honour to receive thanks from the Emperor in reply. Grand

Duke Paul, and Countess Hohenfeltzen, telegraphed from Paris their acceptance of the office of Patrons of the Congress. Chairman of the Committee, Dr. N. Serkoff, of Moscow, congratulated the Congress in a speech entitled "My word to the Warriors for the Truth." Dr. Brazol presented a paper, "The Position of Homœopathy in 1913," in which he distinctly proved the theory and practice of Homœopathy. At the evening Session there was read the report of Dr. E. Petrie Hoyle (London), Hon. Secretary of the International Homœopathic Council, "International Homœopathy; its Institutions and Work." This report was of great interest to the Congress, and the press was full of sympathetic accounts of it. All Russian homœopathists are very thankful to Dr. Hoyle for his appearance at the Congress as *envoy* of the International Homœopathic Council, and helping in the very critical moment for us, and at the same time for advancing the great Hahnemann's work in the world. On the next days there was the reading of different papers on divers subjects.

Dr. Brazol, from St. Petersburg, read "The New Pharmaceutical Regulation"; Advocat F. Ossetsky, on "The Law of Homœopathy"; Dr. Loosenko, on "Homœopathic Pharmacy," and very many other speeches on various subjects.

This Pan Russian Congress was closed with an increased good feeling amongst the members; all were ready to fight till the end for the great teaching of Hahnemann.

The strife of the homœopathists with the Law, is now transferred to the Russian Parliament (Duma).

This congress of Russian followers of Homœopathy united the whole Russian homœopathists, beginning with members of the Imperial family, and including the peasant. The future of Russian Homœopathy depends wholly upon the Russian people.

Now gentlemen, you are able to understand, and to appreciate, the great teaching and situation of Hahnemann in Russia.

We Russian homœopathists are now greeting and thanking you, our friends, homœopathists of the

great British nation, for your aid in our fight for Homœopathy.

In conclusion, my dear friends, I beg to express my delight at the London Homœopathic Hospital, which I have already seen. The Moscow Society of Followers of Homœopathy, a member of which I am, will always be glad to see any of your representatives as an honoured guest.

CASES FROM PRACTICE.

BY DR. A. McCANDLISH.

IN August last a visitor to our town consulted me. He gave me his history as follows: He has been suffering from some time from Diabetes. Of late he has had a very troublesome cough, which his own medical man has not been able to do much for. His sight has become so bad that he cannot find his way to his office, he has to be led. He consulted an ophthalmic surgeon, who told him that his optic nerves showed signs of atrophy and that he had commencing cataract in the right eye. The commencing cataract could be clearly seen.

I prescribed *Phos.* 6gtt. iii. t.d.s.

September 15th.—His wife reports: “The blur on my husband’s right eye is smaller. His cough is much better.” Rep.

October 7th.—“My husband can easily find his way to the office.” *Phos.* 30 disc ii. night and morning for one week.

November: “My husband’s sight slowly improving. He can now distinguish the stones of the pavement.” Rep.

This patient is still under treatment.

A dispensary patient came to my house in a great state of excitement about 2.30 p.m., telling me that her throat was very bad, and that she was dreading four o’clock, as she had nearly choked about that time the last two days. (This information she gave quite voluntarily.) She also added that her “husband dreaded tea time coming, too.” She had an enlarged right tonsil with pus exuding from the follicles.

I prescribed *Lycopodium* 6, disc ii. one hourly for four doses. I also told her to send her husband to me at once if she was taken worse at that time again.

I did not hear any more of her until five days later, when she came to the dispensary; her throat was practically well. She said she commenced to get well after the first dose of medicine.

This case is interesting on account of the *marked* time modality.

I was called to see A. B., a young married woman. She had been suffering from diarrhoea and vomiting for six weeks. Getting worse, in spite of six weeks' allopathic treatment—including a consultation between her own doctor and another practitioner in the neighbourhood. Could only crawl around the room with the aid of the chairs and table. The story in her own words is as follows: "Everything I take causes diarrhoea, and I also vomit after everything I take. I am very thirsty, and could drink quarts of cold water, but even that will not keep down. It keeps down a little while, and then it returns. The strange thing about it is that I have no pain, but I am getting weaker every day."

I immediately ordered suitable diet and *Phos.* 6, *t.d.s.*

The diarrhoea and vomiting stopped almost immediately, and in five days time she went away for a holiday, and has not had a return of the trouble since (four months).

An elderly gentleman aged 74 consulted me, complaining of exceptional frequency of micturition (every ten minutes). He was getting quite worn out. He could not visit his friends. When he first saw me the frequency was so bad that he could not walk one hundred yards without wanting to micturate. He presented all the classical symptoms of enlarged prostate; in fact an enlarged prostate was found on rectal examination. I prescribed *Secale* 3x, one disc., *t.d.s.*, for one week.

He reported at the end of the week: "I am very much better; I can go two hours without passing water."

He was told to discontinue the discs unless the frequency returned. He has had to take the *Secale* once only since first consulting me in March last.

A CASE OF HYPERSENSITIVENESS TO COWS' MILK.

BY DR. D. BORLAND.

THE following case was reported by C. Willett Cunnington, M.B., in the November and December number of *Clinical Excerpts*:

"A breast-fed infant, when five weeks old, was given a single bottle of cows' milk diluted with water (milk 1; water 2), with no ill-effects. When five months old a single bottle of the same mixture was given during the mother's temporary absence. It produced violent vomiting and diarrhoea lasting twenty-four hours. Breast-feeding was resumed and digestion remained satisfactory until the sixth month, when isolated attempts to give cows' milk each produced a similar result. The attack in each case began about two hours after a meal. Vomiting and diarrhoea, accompanied by fever, continued for some twenty-four hours.

"Various forms of cows' milk were tried at intervals until the child was thirteen months old. Varieties of dried milk, such as Glaxo and Horlicks' Malted Milk produced the same effects.

"Thinking the offending substance might be casein, I tried whey, which led to severe retching and loose stools.

"When twelve months of age the infant was able to take and digest broth, soup, bread and butter, eked out with feeds at the breast, and under this diet the digestion remained satisfactory. As the breast milk was failing in quantity, a month later fresh attempts to give cows' milk (peptonised and diluted 1: 4) were made without success.

"A change was then made to goats' milk with immediate success. There was no vomiting except on one occasion when the old symptoms returned. On

inquiry, however, it was found that the vessel containing the goats' milk had by accident been used previously for cows' milk and had not been washed out. Probably on that occasion the infant did not receive more than a few drops of cows' milk in its bottle, yet this trace was sufficient to produce immediate toxic symptoms.

" Apart from this incident the goats' milk gave rise to no difficulties, and the infant thrived satisfactorily. At eighteen months cows' milk in minute doses was cautiously added without ill-effect, until at length the child was able to take it in ordinary quantities."

In considering the report of this case, from a homœopathic point of view, there are one or two features which stand out.

The first point which suggests itself, and it is a point on which considerable stress has been laid, in a slightly different connection, in a recent paper in the HOMŒOPATHIC WORLD is the fact of the single dose. There was but one dose-feed of the "morbific agent" administered and yet the susceptibilities of the infant were completely altered. It is a well-known fact that when the human variety is not obtainable children can digest and do thrive on cow's milk, or in other words that continued use or repeated administration of this substance does not give rise to intolerance. Again it is becoming a fairly well recognised fact among the majority of homœopathic prescribers that when a drug is clearly indicated and well selected an effect is produced at once and by the first dose, while with the continued administration of the drug the effect ceases to be apparent, a tolerance becomes established, and either the quantity of the drug—if given in the crude form—or the potency—if prepared after the Hahnemannian method—has to be changed.

Here a second point naturally suggests itself, and that a point which daily presents itself as a difficulty in practice, namely what is the duration of action of this single dose? About four months after the exhibition of the initial dose of cows' milk a second was given, and the infant was still intolerant! It is doubtful if any inference can be drawn from the later

experiences, as the intermediate administrations may have acted as repetitions of the initial dose, and there is no record of the exact date of the administration of the contaminated goats' milk.

A third point illustrated by this case is from a homœopathic point of view of almost equal importance. Here we have an example of a profound effect produced in a child by the administration of a single dose of what is looked upon as one of the staple articles of a child's diet, and in the after history we have a proving, fragmentary and incomplete be it admitted, but still a proving of crude cows' milk administered to a susceptible individual and recorded for an entirely different purpose by one presumably profoundly ignorant of the whole of homœopathic lore.

VETERINARY NOTES.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

THE rapid action of the rightly-selected drug is forcibly illustrated in the following case :—A black Pomeranian Dog was observed to be in continual pain, extremely restless, continually calling out, especially if anything accidentally touched him ; he is an extremely nervous and excitable dog ; he was, after close observation, noticed to be frequently making an attempt to urinate, and that without any result ; although the dog strongly objected to being handled, I ultimately picked him up for examination, and discovered that he had a persistent erection of the penis ; this accounted for the inability to urinate, and I then observed that the bladder was getting over full ; the anatomical development of this organ in the dog renders it peculiarly difficult to pass the catheter, so that I felt I must find the drug homœopathic to such a condition ; I therefore went seriously to work with the Repertory and ultimately concluded that I had found the right remedy in *Cinchoninum Sulphuricum* ; I accordingly rang up Messrs. Epps & Co., and though, as Mr. Thatcher said, it was a very unusual drug to call for, I very soon received it in the third decimal attenuation ;

the dog only received one dose and very shortly relief was afforded. The congested condition subsided ; a large quantity of urine was passed and the cure was complete, and that without any subsequent recurrence. This is a case of which it would be very difficult to discover the cause, and therefore practically impossible to remove it ; what, therefore, would the dominant school of medicine which relies mainly upon *tolle causam* have done under such circumstances ? Temporising might have been resorted to, such as the application of cold to reduce the congestion, but that would not be curing and getting at the foundation of the ailment through the totality of the symptoms which pointed to the *Sulphate of Cinchonine* and as the result proved, correctly ; another instance of the absolute truth of the LAW, *Similia similibus currentur*.

A comparison between methods of treatment as adopted by the dominant school of therapeutics and homœopathists often affords very interesting and instructive reading ; and I have recently had the opportunity of putting this subject to the test in a way that brings Homœopathy out "Top Dog." Although I have been in practice thirty odd years, and have had a fair share of cases among bovines, I have until this year never been consulted about the treatment of calves that were the subjects of husk, a common designation for a disease known as Verminous Bronchitis ; it is said to be caused by animal parasites of the nematode order which penetrate to the trachæa and bronchi and cause a most trying and wearing cough. From the Zoological Notes in my possession I learn that these lung nematodes occur in man and are known as *Strongylus paradoxus*, as well as through the animal world, but they are more frequently met with in cattle and sheep, and from the Veterinary Surgeon's point of view the *Strongylus Micrurus* of cattle furnishes the most frequent subject calling for the treatment of its victims. The symptoms in cattle are from the point of view of the allopath pretty uniform, though from the homœopathic standpoint there are some nice distinctions ; as a rule the disease attacks young animals from one to two years of age, and is first

observed through the frequent attacks of heavy coughing ; in the early stages of the ailment the appetite and general condition are not affected, but where no steps are taken to arrest further development, emaciation and a generally unthrifty appearance supervene, when the cough becomes weaker and the respiration more rapid. The disease generally occurs in damp, swampy districts ; where calves are kept in yards and are not allowed on the land they are rarely, if ever, attacked. It presents itself as an enzootic malady, but the infection of one animal to another is not accepted, though as in the instance of the herd of nineteen about which I was consulted this autumn every animal was affected. One authority states : " For the disease itself no cure by drugs or treatment is at present known " ; but with a view to the destruction of the parasites fumigation and inhalation of the vapours of Sulphur or Tar, Carbolic Acid or Turpentine is resorted to, the animals being shut up in a closed place in which the vapour is generated for a sufficient time to cause them to cough up the mucus containing the worms. The client who consulted me about the nineteen calves of his that were affected informed me that they had been subjected to this process without any good result accruing, after which he followed up the instructions I had furnished, which included the administration of certain remedies, varied from time to time according to new and changing developments as they occurred, with very strict injunctions to keep the calves in dry yards and on special dry food. The treatment was commenced on or about August 6th, and I received a report dated October 28th, as follows : viz., " I am glad to say the calves are now practically all right ; one or two of them occasionally cough, but not to any extent ; they are improving in condition and appearance gradually and steadily, and I think will grow into useful animals."

Now whereas this has always been looked upon as a disease that is incurable with medical internal treatment, and the only course that has been relied upon is to attempt the destruction of the worms infesting the trachæa and bronchi so as to do away with

the cause of the cough and attendant symptoms, it may fairly be claimed for Homœopathy that a better and more reliable course of treatment is available; although I have never had the opportunity of treating animals suffering from this disorder before, it is a condition affecting cattle and sheep that during my early years I have often observed when engaged in agriculture and I am very pleased to be able to record this marked success, as it furnishes a distinct proof, if such were needed, that constitutional treatment based upon the Homœopathic Law of drug selection will combat successfully diseases that are due even to the presence of living irritants.

NOTIFICATION.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. BARLEE.

Dr. Barlee has removed from Edinburgh, and has settled at *The Crook, Grove Hill Road, Tunbridge Wells*. At home 2 till 3 daily. Telephone 5059 Central.

CIMICIFUGA.—By Walter Sands Mills, A.B., M.D.—*Cimicifuga*, or *Actea racemosa*, is a plant indigenous to the eastern part of the United States from Maine to Florida. It grows in shaded mountainous places. The root is used for medicinal purposes.

Hale, in his new remedies, gives an extensive account of *cimicifuga*. According to his story *Cimicifuga* was made known to white people by the Indians of New England. The Eclectic school of medicine first adopted it in their system. Dr. H. D. Paine introduced it to the homœopathic profession in a proving published in the *North American Journal of Homœopathy*, Vol. III., p. 207.

Cimicifuga is one of the most valuable remedies in the *materia medica*. The old school text books give an account of it.

According to Bartholow its general action lies between that of *Ergot* and of *Digitalis*. It increases the activity of unstriped muscular fibre only in less degree than *Ergot*. It slows the pulse and increases the muscular action of the heart only in less degree than *Digitalis*.

The homœopathic uses of *Cimicifuga* are many. It is extremely valuable in various nervous conditions, in certain rheumatic conditions, and in diseases of women.

International Homœopathic Review.

LONDON HOMOEOPATHIC HOSPITAL.

MRS. Maria Pender Smart, of Bredbury, Tunbridge Wells, who died on March 29th, last, widow of Mr. Thomas Jones-Gibb, left estate of the gross value of £750,442. The duties on the property at this valuation will amount to about £135,000.

Mrs. Smart bequeaths among other legacies £2,000 to the Tunbridge Wells Homœopathic Hospital absolutely, and a further £10,000 on condition that a wing be built in memory of her husband and called the "Frank Smart Wing." Also £5,000 to the London Homœopathic Hospital, and £1,000 to the Phillips Memorial Homœopathic Hospital Bromley, all "Duty Free."

By the will of Dr. Francis Gray Smart, M.B., F.S.A., F.R.G.S., who died on April 7th, aged sixty-nine, left estate, "so far as at present can be ascertained," of the gross value of £446,819. The duties are expected to be over £70,000. Dr. Smart survived his wife by only nine days. The will is dated January 24th, 1900, and a codicil dated August 8th, 1901, bequeaths £10,000 to the London Homœopathic Hospital, upon trust, to *invest the same* in any stocks or securities for the time being authorised by law for trust funds, or in or upon the purchase of Freehold Ground Rents in England, and to pay or apply *the income thereof* for the current expenses of the Hospital.

If the London Homœopathic Hospital shall at any time cease to exist or cease to be used for the Homœopathic treatment of disease, then other destinations are named for the bequest.

The amount is not bequeathed "Duty Free." There will therefore be the 10 per cent. legacy duty to be paid—£1,000—making the bequest £9,000 net.

£10,000 is bequeathed under similar conditions to the Homœopathic Hospital at Tunbridge Wells. The Solicitors to the estate say "We anticipate that it will be some time before the legacies can be paid."

Meanwhile the Board of Management of the London Homœopathic Hospital are making progress with their appeal for £16,675 to pay off the remainder of the building debt of the New Nurses' Home, and also the

loan to the Bankers brought about by the deficits of the last few years working. This year has not been a favourable one for appealing, but the Board have been successful so far in raising £13,750. It will be recollect that Lord Dysart has promised to give the last £1,000 if the full amount is raised before December 31st next. The amount now required to complete is £1,925.

Already received	£	13,750
Lord Dysart's promise	£	1,000
Required to complete before		
December 31st	£	1,925
Total of Appeal	£	16,675

Although many friends have already liberally responded, which may render the task the more difficult, the Board of Management are not without hope that the small sum still required may yet be completed by the specified date.

The Board are anxious to open the second Children's Ward in the new wing, which is very much needed, but they feel they dare not extend the work of the hospital without the assurance of further financial help, to meet the ever-increasing cost of upkeep.

If the funds to complete this appeal are forthcoming the Board have secured the gracious consent of the Queen Mother to name the Ward

“THE QUEEN ALEXANDRA WARD”

which will make a fitting companion to the King Edward VII. Ward already existing.

It is hoped that some kind friend will endow the first cot in the Queen Alexandra Ward, by a donation of £750, which would also count towards the sum still required.

As it is proposed to forward a List of the Donors to Her Majesty Queen Alexandra, any amounts for inclusion in this list should be sent at once to the Treasurer, Lord Donoughmore, at the London Homœopathic Hospital, Great Ormond Street, London, W.C.

The Committee are most anxious to be able to inform Her Majesty that the amount has been raised and the Ward named.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

AT the meeting of the British Homœopathic Society, held on December 4th, the first item of interest was a lantern lecture by Dr. Albert Wilson, on the development of the human brain and its degeneration, or lack of development in different diseases, and in persons of low moral character. The lecture was based entirely on original research, and was illustrated by slides of Dr. Wilson's own making. It was a lecture of quite a unique nature and most suggestive, and Dr. Wilson was begged to come again and give the Society the benefits of further researches.

The other item on the programme was a paper by Dr. Cosgrave George, of Colwyn Bay, on "Some Experiments that led me to practise Homœopathy." After mentioning the various phases of "higher thought," that he had gone through in his search after truth, *viz.*, suggestion, spiritualism, mental healing, etc., Dr. George related how a clairvoyant friend of his had been able to see his (Dr. George's) etheric body, and noted that its colour changed with different drugs that Dr. George held in his hand in turn, even when Dr. George himself did not know which drug he had picked up. For instance, when Dr. George held a quarter of a grain of morphia, or wore it in his pocket, his etheric body was seen to change to a bright green colour. Moreover, Dr. George found that after keeping this amount of morphia in his pocket for a week or two, he began to get cross and irritable. He was thus led to suspect that drugs acted on the etheric body, and with the opposite action to their action on the physical. Further experiments confirmed this view, and Dr. George was led on to study and to accept the law of Homœopathy.

A warm discussion followed the paper, and was resumed afterwards at the meeting of the dinner club.

Mention must be made of the beautiful microscopic slides and colour photographs exhibited by Dr. Hare in connection with Dr. Wilson's lecture. These were universally admired.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM NOVEMBER 16TH TO DECEMBER 15TH, 1913.

GENERAL FUND.

	<i>Subscriptions.</i>	<i>f.</i>	<i>s.</i>	<i>d.</i>
Rafael Parga, Esq.	1	1	0
Alfred Powell, Esq.	1	1	0
J. R. Holliday, Esq.	1	1	0
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Mrs. Kennedy	1	1	0
Balance of L. B. Account	14	7	0
Mrs. Ball (Plymouth)	10	0	0
C. Stewart, Esq.	10	0	0
Mrs. Hanley	5	0	0

The usual monthly meeting of the executive was held at Chalmers House on November 18th.

The second of Dr. Wheeler's Winter Course of Popular Lectures on the History, Theory and Practice of Homœopathy, under the title of "The Case for Homœopathy: Historical," was given at Chalmers House on December 10th. There was again a large attendance. The lecturer dealt with the more outstanding historical landmarks in the advancement of Homœopathy in various countries, the gradual weakening of the extreme hostility of the earlier days, and the homœopaths' unvarying appeal to clinical experiments.

The latter part of the lecture was devoted to a very interesting selection of cases where "orthodox" practitioners have unconsciously adopted homœopathic practice—examples of the permeation of allopathic medicine by the homœopathic principle. The third lecture entitled "The Case for Homœopathy: Theoretical," will be given at Chalmers House on January 14th, at 5 p.m.

MOONLIGHT AND DECAY.—The observation that the rays from the moon favour putrefaction detracts from the romance which has long been associated with moonlight. It is an old tradition that to sleep in the moon's rays was a dangerous proceeding, and there is such a thing as "moonblink," a temporary blindness said to be due to sleeping in the moonlight of tropical climates, while some observers have reported a devitalizing action of the moon's radiations on vegetable life. There is even quoted a death the cause of which was officially stated to be exposure to moonlight. Apparently the food most seriously affected by the moon's radiations is fish, and seemingly trustworthy statements have been made us to the ill-effects produced in persons who had partaken of fish which had been freely exposed to moonlight. Mr. E. G. Bryant, B.A., B.Sc., writing in a recent number of the *Chemical News* from Port Elizabeth, South Africa, suggests that a possible explanation of these phenomena, assuming them to be true, might lie in the well-known fact that the light of the moon, being reflected light, is more or less polarised, and possibly polarised light may exert a peculiar chemical action. Subsequently, polarised light was obtained from a powerful metallic filament lamp, the light being polarised by means of a pile of sheets of plate glass backed with silver and placed at the correct angle. The experiments showed certain marked results when fish was submitted to the polarised light obtained in this way, although it is probable that stronger effects would be obtained with a more powerful source of light. When two slices cut from the same fish were hung, one in the direct light, and the other in the polarised beam, the latter invariably began to decompose before the former, though the temperature of the polarised beam was several degrees lower than the direct light. There were indications also in the case of other perishable food substances of a tendency to decompose when they were bombarded with polarised light. The question is worth further investigation, and there should be little difficulty in pursuing such a line of research. There are so many influences ascribed to moonlight that it would be of obvious interest to have some scientific evidence tracing a definite action to the rays. It would be curious to find that such terms of obloquy as "moonstruck," "mooney," and "moonshine" were after all not entirely empirical.—*Lancet*.

EXTRACTS.

*CONIUM MACULATUM WITH ILLUSTRATIVE CASES.**

BY ELLA M. TUTTLE, M.D., New Berlin, N.Y.

Conium maculatum, or poison hemlock, is a biennial plant indigenous to Europe but naturalized in the northern part of the United States. It is a virulent poison and belongs to the umbelliferæ family. It flowers in summer, and our homœopathic tincture is made soon after the flowers fade, from the whole plant except the root. It has been known for ages, and was used by the Athenians to kill their state prisoners, the most illustrious being Socrates, who was executed B.C. 399.

As a medicine it is used in all the schools. The allopaths give it (according to Bartholow) in acute mania, tetanus, chorea, asthma and similar troubles, and the eclectics (Jones) for paralysis, writers' cramp and some forms of vertigo. Hahnemann proved it probably about 1814, as it appears in his *Materia Medica Pura*. Its pathogenesis here contains eighty-nine symptoms from the master's provings and 286 from other authors. Discovering its antipsoric powers he incorporated it in the first edition of "Chronic Diseases" (1829), when added observations by himself and others swell the numbers of symptoms to 700, and in the second edition Hahnemann supplies 212 more.

Conium is an antipsoric and profoundly influences the whole system. It produces a debility that simulates the changes of old age, and has been found especially useful in the diseases of old men and old maids. It produces infiltration of glands, which become hard like stone. It acts upon the motor nerves producing paralysis that begins in the lower limbs and spreads upward. There is mental depression, melancholia, disinclination for mental work, inability to carry on sustained mental effort.

Vertigo is a keynote for the drug—vertigo when turning in bed, when rising in the morning, when

* From the *Journal of the American Institute of Homœopathy*.

turning suddenly, especially to the left. It causes headache with fulness of the head as if it would burst. In the eyes we have dimness of vision, double vision, sluggish adaptation, eyelids heavy, intense photophobia. There is difficult speech from lingual paralysis, a bitter taste in the throat, no appetite, sour or acrid vomiting, sometimes of masses like coffee grounds.

In the abdomen we have stitches in the region of the liver, lancinating, cutting pains throughout the whole abdomen, tremulous weakness, especially after stool. The stool is watery and frequent, watery, mixed with hard lumps or hard and expelled with difficulty. This is due to the weakness of the lower bowel, and there may be involuntary stool during sleep. There is dribbling of urine, it comes by fits and starts, frequent urination at night.

In the male sexual organs there is increased desire with weakened powers. The testicles may be enlarged and hard. In the female the breasts are hard, shrunk and painful to the touch, especially before the menses. The os uteri is hardened, uterine spasms extend upward to the chest. Leucorrhœa is white and corroding (may be blood streaked), ovaries are inflamed and hardened, with lancinating pains.

The pulse is weak and irregular, breathing short, dyspnœa on the slightest exertion. There is a dry hacking cough from a very dry spot in the larynx, worse on lying down, expectoration is raised with difficulty and must be swallowed.

The extremities, especially the lower, are weak and trembling. There is numbness and coldness of the fingers and toes, better from letting the part hang down. Walking is difficult especially in the dark. Does not fall asleep till midnight, and then sleep is disturbed by frightful dreams. Sweat immediately on falling asleep.

Skin yellow. Chronic ulcers with foul discharge. Enlargement and induration of glands—parotid, submaxillary, mesenteric. Flying stitches through the glands. Tumours with piercing pains and stony hardness, especially after bruises or irritation. Cancer of the lip from irritation of a pipe.

I will add a few cases from my own observation.

No. 1. Miss M., 29 years old, trained nurse. Was struck in the breast by a delirious patient but paid no attention to the bruise at the time. A few days after the entire breast became hot and painful with throbbing, so she was obliged to leave her work and go home. Here rest, hot application and *Hepar* 3x checked the morbid process and the inflammation subsided so that she was back at work at the end of two weeks. Some two years after this happened she called my attention to a small hard lump about as large as a walnut that had remained in the breast. It had been there she told me since the mastitis, but as it was movable and did not pain her she had not thought it worth speaking about before. After a few doses of *Conium* 3x it entirely disappeared and has never returned since, though I have looked for it several times. This was eighteen years ago.

No. 2. Miss L., school girl, 20 years old. Mother died of tuberculosis; father living. While attending boarding school had inflammation and suppuration of the left axillary gland. Several had been lanced by the school physician when she came under my care.

I found a medium sized, rather plump young woman, with fair skin and red cheeks. In the left axilla three glands had been lanced, two of which had healed, while a third was still suppurating, and other glands were red, inflamed and sensitive to the touch. On the advice of Dr. E. B. Nash, who saw the case with me, I gave her *Hepar* 30, and the inflammation subsided and the glands healed in a short time.

About a year after she fell, striking the same axilla on the top of a chair. In spite of *Arnica*, both internal and external, inflammation set in, but *Hepar* checked it without suppuration. This time there remained a stony hardness of the glands, but without pain. This disappeared after a few doses of *Conium* 3x, and she had no further trouble with it.

No. 3. Mrs. T., 81 years old. She was taken with vertigo one morning on rising, and following that had double vision—as she expressed it, "all the people who passed on the street were twins." An eye specialist

who was called in diagnosed it as beginning glaucoma. I gave her a few doses of *Conium* 3x, which relieved the diplopia and apparently checked the glaucoma, as her sight remained normal till her death the same year.

PROTEIN POISON AND ITS RELATION TO DISEASE.

By VICTOR C. VAUGHAN, M.D.

(Paper read at the Sixty-fourth Annual Session of the American Medical Association.)*

IN 1903 Vaughan and Wheeler found that the cellular substance of the colon bacillus contains a highly active poison. This was obtained by extracting the dried, dead cells with a two per cent. solution of sodium hydroxide in absolute alcohol at 78° C. (172.4° F.). This poison was partially purified by repeated precipitation from alcoholic solution with either mercuric or cupric chloride and the removal of the base with hydrogen sulphide. This poison kills guinea-pigs when injected intravenously in doses of 0.5 mg. When given intra-abdominally this dose must be multiplied by sixteen, and when given subcutaneously by thirty-two in order to cause death.

Subsequently the same, or a closely related, poison was obtained from other pathogenic and from non-pathogenic bacteria, and then from vegetable and animal proteins. This work has been repeated and confirmed by others in this country and abroad. It is now known as "the protein poison," and it is believed to be a constituent of every true protein whatever be its source. The purest proteins known, such as edestin from hemp-seed and zein from corn-meal yield this poison. It is not found in certain albuminoid substance such as gelatine. It is found in Witte's and De Chateau's peptones, but not in that of Defresne. Whether or not the latter is prepared from gelatine is not known.

The symptoms induced by this poison are quite characteristic, and can be divided into three well-

* From the *Medical World*.

defined stages. The first is that of peripheral irritation, and is marked in the guinea-pig by attempts to scratch every part of the body. In man it is shown by an urticarial rash which spreads from the point of injection and may extend to every part of the skin and invade the visible mucous surfaces. The second stage is one of partial paralysis with rapid and shallow breathing. The third stage is known as the convulsive, and begins in isolated clonic movements which become more frequent and general, finally involving all the muscles of the body and terminating, as a rule, in death. With fatal or nearly fatal doses there is a fall in temperature, which with fatal doses is progressive, and the temperature may fall in guinea-pigs to 85° F. before death. When recovery occurs the first symptom of this is a return of the temperature towards the normal. In both man and experimental animals, recovery from a single non-fatal dose is speedy, and a complete return to the normal condition may result within a few hours.

Small doses of this poison administered subcutaneously cause fever, and a like effect can be produced with unbroken proteins. By changing the size of the dose and the intervals of administration it is possible to induce any and every known type of fever in experimental animals. One can induce an acute fever, terminating fatally, in a few hours. In this type the temperature can be carried to 107° F., which seems to be near the thermal death-point in these animals. Intermittent and remittent fevers are easily established and varied at the will of the experimenter. A prolonged fever extending through weeks and with a chart not distinguishable from one of typhoid may be established and carried to a fatal issue in rabbits. In fever of this kind there is the usual morning recession and the afternoon exacerbation so characteristic of typhoid. Furthermore there is increased nitrogen elimination, and progressive emaciation is observed.

When proteins are taken into the alimentary canal and are acted on by the digestive juices the product becomes poisonous at about the peptone stage, and if the peptone formed in alimentary digestion should be

absorbed into the circulation it would be highly injurious, but the digestive process proceeds and the peptone is broken up into harmless amino-acids, which are absorbed and synthesized into the proteins of our bodies.

When proteins find their way into the blood without being brought under the action of the digestive juices of the alimentary canal they must be digested in the blood and tissues, and in this process the protein poison is set free, and, since general distribution cannot be hindered, it exerts its deleterious effect on the body.

PROTEIN POISON IN BACTERIAL DISEASES.

We now know that the symptoms of many diseases are due to the parenteral digestion of proteins. Whenever a foreign protein, be it particulate or in solution, alive or dead, gets into the blood and tissue it must be disposed of by parenteral digestion. There seems to be no great difference in the amount of poison contained in the molecules of ordinary proteins, whether they be vegetable or animal, and, as has been said, the action of the poison is the same whatever the protein from which it has come. Dead protein contains just as much poison as living protein, but if the latter can grow and multiply in the body it increases the amount of its poison. Quite naturally most of the foreign proteins that find their way into the blood are living, such as bacteria and protozoa. Researches into the poisonous action of ordinary proteins, however, under the influence of the condition of sensitization, have demonstrated that living proteins are not absolutely essential to the development of certain diseases. If in any way proteins find access to the blood and tissues and the body becomes sensitized, then disease and death may result without bacteria or protozoa playing any part in the process. It has been shown quite conclusively that hay-fever and kindred disorders are due to sensitization to the pollen of diverse plants. Horse-asthma comes from the inhalation of hairs, and possibly of other proteins from the horse, carried through the air in other forms. The inhalation of peptone or other finely divided proteins may cause acute and sub-acute

inflammation of the upper-air-passages. Sensitization may result from the absorption of undigested or partly digested proteins from the alimentary tract. Whether or not the summer diarrhoeas of infancy ever originate in this way is a question to which a positive answer cannot yet be given. There are some good reasons for suspecting that the lowered vitality of the infant by excessive heat may lead to absorption of undigested proteins, and in this way cholera infantum and kindred diseases may be induced. We have not enough information on this matter at present, however, to enable us to speak positively, and I shall confine myself to a brief statement of the part played by the protein poison in the bacterial diseases. Recent studies in protein sensitization have quite materially modified our views concerning the nature and progress of the infectious diseases.

Bacteria have generally been regarded as unicellular plant organisms. This view is without just warrant. There is no proof that the bacterial cell contains cellulose. Indeed, all the evidence that we have concerning the chemistry of the bacterial cell is quite to the contrary. The bacteria which have been most thoroughly studied consist largely, if not wholly, of nucleoproteins or glyconucleoproteins, and are therefore more closely related to animal than to vegetable forms of life.

It has been assumed, furthermore, that the chemical structure of the bacterial cell is relatively simple. This has been shown not to be true. The molecules which make up the greater part of the proteins of the bacterial cells are quite as complicated as those that are found in the cells of our own bodies. These molecules contain at least two carbo-hydrates, one of which is attached to the nuclein group, while the position of the other has not been determined; but the weight of evidence is that it is a constituent of the protein part. Bacterial cell-substance yields the nuclein bases, and the greater part of it consists of protein, as is shown by its abundant yield of amino-acids, both mono and diamino. It will be seen from this that although bacteria may be morphologically simple and without marked differ-

entiation in structure, they are chemically quite complex and highly organised. This means that functionally they are quite on a par with the cells of the animal body with which the pathogenic bacteria so often compete.

HOW BACTERIA CAUSE DISEASE.

The newer theory of how bacteria cause disease may be stated as follows : The cell is the morphological unit of life, though not the physiological unit. The latter is the protein molecule which lies in the cell, and of which the cell is essentially composed. Bacteria are particulate proteins, and viruses capable of causing disease may be without form recognisable by us. The only essential and constant distinction between living and dead matter is that the former is never in a state of equilibrium ; it is constantly absorbing and excreting, it feeds and eliminates ; it is constantly trading in energy ; it is labile, not stable. Every living cell must form ferments by which it splits up the pabulum on which it feeds. Whether a given bacterium is pathogenic to a given animal or not depends on two things. First, in order to be pathogenic it must be able to split up and feed on the proteins of the animal body ; otherwise it cannot grow and multiply in that animal's body and consequently cannot harm it. Secondly, the ferments of the cells of the animal's body must not be immediately, at least, destructive to the invading bacterium. When the ferments of the body-cells have this destructive action on the bacterium, the latter cannot be harmful to the former. These two things determine the pathogenicity or non-pathogenicity of a bacterium, and one or the other, or both, lie at the base of all bacterial susceptibility and immunity. The pathogenicity of a bacterium is not determined by its capability of forming a poison, because there is no protein without poisonous content. The ferments with which cells, be they bacterial or body cells, split up their pabulum or prepare their food are known as extra-cellular ferments. They diffuse from the cell into the surrounding medium, and exert a cleavage action on those food substances which they are capable

of thus altering. Some are highly diffusible and may pass through a relatively large amount of pabulum, while others apparently act only on those substances that come into contact with the cell.

Of all the bacteria with which we have worked the *Bacillus prodigiosus* yields the largest amount of the protein poison, but this organism is not pathogenic to men or laboratory animals because it cannot grow and multiply in the animal body. On the other hand the anthrax bacillus yields a relatively small amount of the protein poison, and yet it is one of the most infectious organisms, because it can grow and multiply in the animal body.

The extracellular fermentations are not the only fermentations with which living cells are supplied. Many, probably all, living cells have intercellular fermentations, which are non-diffusible and remain within the cell. The function of these is to take the food as prepared by the extra-cellular fermentations and build it into the cell tissue. It will be seen that the extra-cellular ferment is destructive or analytic in its processes, while the intercellular ferment is constructive or synthetic.

VACCINES AND IMMUNITY.

The important lesson which we have learned from our studies of protein sensitization is that the nature and action of cell fermentations may be, to some extent at least, modified at will. Cells can be trained or educated to pour out a special ferment to digest a specific body. This is the explanation of vaccination. The virus of small-pox is pathogenic to the unvaccinated but is non-pathogenic to the man who has had the disease or has been vaccinated. The typhoid bacillus is no longer infectious to the man who has been properly vaccinated against this disease. Vaccination is secured by introducing into the body that protein which causes the disease, but in a condition so modified that it will no longer cause the disease, but will lead the body-cells to pour out a ferment which will destroy that specific protein when it is reintroduced. In vaccination for small-pox the protein has been modified by being passed through the cow. A vaccine for

anthrax is obtained by growing the bacillus at a high temperature or in the presence of a weak germicide. The dead typhoid bacillus serves as a vaccine. When an individual has been protected by one of these vaccines and is exposed to the disease, the organism is destroyed so soon after admission to the body that it does no harm, and in this way immunity is secured by vaccination. It is easily understood that this form of immunity is not absolute, but is relative, and may be overcome by severe or prolonged exposure.

Vaccines are now used, not only as preventive, but also as curative agents. Much harm is being done by their indiscriminate and ignorant employment, but their proper use is rational and scientific. They are of special value in local infections, and they operate by stimulating a wide area of body cells to furnish a ferment which destroys the bacterium that is the cause of the local condition.

In the light of what has been learned from studies of the protein poison and protein sensitization, let us see how the typhoid bacillus acts in inducing the disease. The bacillus finding its way into the body grows and multiplies. Its extracellular ferment acts on the proteins of man's body and prepares the food which is built into typhoid tissue by the intracellular ferments. The ferments of the body-cells are not capable of destroying the invading organism and during the period of incubation it multiplies greatly. During this time the man is not ill. It is not, therefore, the growth and multiplication of the bacillus in the man's body that directly causes the symptoms of typhoid fever, because at the time of its most active growth there is no fever or other symptom. During the period of incubation the bacillus furnishes the ferment and the proteins of the man's body constitute the substrate. These proteins without much change are taken into the bacterial cells and built into typhoid bacterial tissue. The process is largely one of assimilation and construction, and no poison is liberated; consequently there is no fever or other symptom. After about ten days the period of incubation ceases, and the disease is ushered in. The body-cells, under the influence of

the foreign protein and for the purpose of its destruction, begin to pour out a new specific ferment. During the disease the body-cells furnish the ferment, and bacterial cells constitute the substrate, the process is destructive, the protein poison is liberated, and fever with its concomitants result. The person may die as a result of the too rapid liberation of the poison, from a lesion due to the effects of the products of the parenteral digestion, or from chronic poisoning.

REVIEWS.

—
DR. DEARBORN ON THE SKIN.*

DR. DEARBORN'S reputation as a Dermatologist extends far beyond America and all who know of his work will welcome this comprehensive volume. It is exceedingly well and clearly planned, easy of reference and admirably illustrated with photographs of a large variety of cases. Dr. Dearborn supplies many convenient formulæ for external applications. We must confess to some regret that very few detailed indications are given for drugs, though lists of the most likely remedies are printed. It is true that for obstinate skin diseases profound constitutional treatment is nearly always required and the indications for these must vary with the case. Nevertheless, the local symptoms of certain

* *Diseases of the Skin.* Including the Exanthemata, for use of General Practitioners and Advanced Students. By Frederick M. Dearborn, A.B., M.D., Professor of Dermatology in the New York Homœopathic Medical College and Flower Hospital; Clinical Professor of Dermatology in the New York College and Hospital for Women; Dermatologist to the Metropolitan Hospital (Department of Public Charities, New York City), to the Flower Hospital, to the Hahnemann Hospital and the Laura Franklin Free Hospital for Children, Consulting Dermatologist to the Hospital of the New York Medical College and Hospital for Women, to the Out-patient Department of the Flower Hospital, to the St. Mary's Hospital (Passaic, N.J.) to the Jamaica Hospital (Jamaica, N.Y.) and to the Yonkers Homœopathic Hospital (Yonkers, N.Y.) With 230 Illustrations in the text, 551 large 8vo pages. Cloth, 25s. net. Philadelphia: Boericke & Tafel. 1913. London: Homœopathic Publishing Co.

remedies like *N. Juglans*, *Rhus.*, *Anac.*, are well worth study, and are an aid in prescribing. With this exception (and we confess it would have added to the length of a work already long) there is nothing but whole-hearted praise possible for the contents of the work. Is it absolutely necessary that American books should use paper of such a terrible weight? It makes the books so difficult to handle.

DR. ADAMS' GUIDE TO HOMŒOPATHIC TREATMENT.*

THIS is a book of the order of volumes suitable for beginners in homœopathic practice, and also, and perhaps more particularly, for domestic use. Each disease is concisely but clearly described, and the indications for the principal likely remedies given. This part of the book is particularly well done. There are also general chapters on Homœopathy and aids and accessories to Diagnosis and Treatment. Only the commoner diseases are described, but the book would have a very genuine value for the beginner, giving just the kind of practical help that is so useful.

DR. SCHLEGEL'S STUDIES.

OUR indefatigable colleague of Tübingen has published another volume of essays. They are, as usual, full of wisdom and recondite knowledge, and all who read German may be recommended to obtain them. They are published at Tübingen, as *Natur philosophische Studien*. Dr. Schlegel returns once again to Paracelsus and has also an Essay on the doctrine of Signatures.

* *A Practical Guide to Homœopathic Treatment.* Designed and arranged for the use of families, prescribers of limited experience and students of Homœopathy. By Byron H. Adams, M.D., consulting physician to the Rochester Homœopathic Hospital, Member of the New York State Homœopathic Medical Society, etc. 455 pages. Price 10s. Philadelphia: Boericke & Tafel, 1913. London: Homœopathic Publishing Co.

CORRESPONDENCE.

THE SORT OF THANKS ONE APPRECIATES.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR.—In these times of strenuous work to collect funds to maintain our Voluntary Hospitals it is refreshing to receive a letter of thanks like the following, the more especially as we shall be ending the year with a deficit on the Income and Expenditure Account of the Hospital of some £3,800 :—

" To the Secretary,
London Homœopathic Hospital,
Great Ormond Street and Queen Square,
Bloomsbury, W.C.

November 18th, 1913.

" Dear Sir,

" I am sorry to say that it is quite beyond my power to endow either a Cot at a cost of £750 or a bed at a cost of £1,000 in the Hospital.

" When I wrote you I was under the impression that it cost about £200. I have lost my husband, and have no child to carry on his name, and the idea occurred to me that I might endow a bed and so perpetuate his name, but this I regret is now impossible.

" Ten years ago I was a patient in the London Homœopathic Hospital and received much kindness and benefit from my stay there. I have never forgotten the debt I owe the hospital, but it is only now that it has been in my power to do anything. Within a few months of my stay in the hospital I was widowed and had to return to school life. I enclose a cheque for two guineas as a subscription and will send it each year until I am obliged to give up my position, and at my decease will bequeath £200 to the London Homœopathic Hospital. I am only sorry I cannot do more.

" Yours faithfully,
" A.M.H."

I am, yours faithfully,
EDWARD A. ATTWOOD, *Secretary*.

APPEAL TO ALL FRIENDS AND ADHERENTS OF HOMŒOPATHY.

[To THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

Sir,—The undersigned is engaged in writing and publishing a most complete and extensive biography of the founder of Homœopathy, Samuel Hahnemann. The work has advanced so far that the publication can be assured within one year.

In order to be sure of not missing anything of value, all owners of original letters or other documents, pictures, medals, etc., of Hahnemann or his immediate disciples are requested to send them to the undersigned (which should be sent by registered post). After taking copies or photographs they will be returned immediately in perfect condition, also by registered post.

Full acknowledgment will be made in the work for all loans. The material I have already collected is far more complete than anything before attempted, including hundreds of original letters and legal documents of Hahnemann.

Yours faithfully,
RICHARD HAEHL, M.D.

Stuttgart (Germany),
Helfferich Str. 10.

[To THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—May I draw your attention to a partial "proving" of *Lithium* reported in the *Lancet* of June 28th of this year. I often come across these incomplete and accidental provings in medical papers. I have some encouraging cases I would like to report to you.

A woman presented herself at my outdoor clinique with a gumma on one of her ribs. She had had *Iodine* applied and the usual mixture of *Potas. Iod.* and *Liq. Hydrag. Perch.* for a fortnight without improvement. I gave her a single dose of *Aurum Met.* 200, and no external application. The next time she came there was distinctive improvement and within a fortnight the rib was smooth. Magic!

A lady friend of mine wrote to me from Simla asking me for medicine for toothache mentioning that either warm or cold fluids started the pain. I sent her a dose of *Nat. Mur.* 200, and she reported that she got well.

A boy was brought to me with a papilloma on the under surface of his tongue. It was thin, and about the length of a first phalanx. A dose of *Thuja* 200 caused a complete disappearance of the growth in a few days.

I was called to a case of Hyperpyrexia in a case of Capillary Bronchitis after Measles. The temperature was over 105° F. I saw the case on Thursday morning, and the movements of the alæ nasi were marked, but I could not remember what drugs had the symptom, so I extemporised with a dose of *Arsenic* for the child was low, and had been given up the day previously by his medical attendant who failed to call when sent for. In the afternoon the child was no better so having found in the Repertory *Lycopodium* was what I was in quest of, I administered a dose of the 200th, and with such confidence that I stuck there and had the satisfaction of having my patient down to normal by Sunday morning, and on Tuesday he was taken a long journey by train for family business which could not be further postponed.

If you care to have them I can send you further notes, for I am alone here alas, and have no crutch now to lean upon.

Yours truly,

DR. L. E. SYKES.

[We shall be very glad to publish further cases.—ED.
H.W.]

VARIETIES.

MEDICAL MEN AT THE PAPAL COURT IN THE MIDDLE AGES.—By perusing the Introitus and Exitus registers of the Apostolic Chamber at Rome in the Middle Ages many interesting facts concerning medical men of that era may be discovered, because whenever a Pope suffered from any serious malady famous physicians and surgeons were summoned from various countries

owning the supremacy of the Pontiff, and references to their emoluments appear in these records. Clement VI. was a Pope who possessed but precarious health, therefore he secured the services of several physicians. In fact, he, or his officials and advisers, endeavoured by every means to obtain the best possible medical advice. From 1342 to 1347 he had serving in his suite three physicians and several surgeons. In December, 1343, there were six physicians. Their presence is proved by payments made, though the name was not always entered when each disbursement was engrossed. The accounts of this much-doctored Holy Father, however, reveal to us the following members of the profession as attendants upon him—Stephen Seguin, John of Florence, and Gisbert de Sept Fontaines; and among surgeons were John of Geneva, Peter Ogier, and John of Parma. Subsequent to 1350 no medical attendant appears in the accounts, with the exception of John of Parma, who takes by this date the title of surgeon and was retained at Rome until Clement VI. died. Some of these men were ecclesiastics. Thus, John of Florence is said to have been a friar, and Peter Ogier was a cleric in the church at Avignon. Employment as papal medical attendant did not secure any permanent post, for the records prove that their number varies from time to time, as also do their salaries. They appear to have been sent for when required, and only retained while their services were needed. As a rule their emoluments were paid every eight weeks. The combined remuneration for three physicians paid upon March 24th, 1344, for eight weeks' duty, was 81 florins 13 sous. Both physicians and surgeons received approximately similar fees of about 21 to 25 florins for each eight-week period. In 1343, when six were in attendance, the Pope suffered from some disease of the feet, and a more or less complete cure appears to have been achieved. One remedy used was sea water. Its application was devised by Stephen Seguin, and as a reward the grateful Pontiff, in the following year, supplied him with 200 florins with which to journey to the French Court, and attend upon the Duke of Normandy's wife. What were the worst of the papal maladies we do not know, but gravel and purulent ulcers are mentioned. A disease of the nature of which we are ignorant imperilled the Pope's life in 1351. Finally, in December, 1352, the bursting of a tumour followed by uncontrollable haemorrhage caused his death. In these last two years we no longer find evidence of the attendance of several physicians. Only one surgeon is referred to, and it would appear as if the papal patient had lost faith in his medical advisers.—*Lancet*.

SUPPURATIVE PERISIGMOIDITIS IN CHILDHOOD.—Amongst the various additions to our knowledge of abdominal disease for which modern surgical enterprise is responsible, few are of more interest than those which relate to the acute infective lesions of the left iliac fossa. Pericolic abscess, diverticulitis, pericolitis sinistra—all these terms, unfamiliar enough a decade ago are now in common use; and though one of them is a hybrid of the worst type, they are

of value in that they express a definite set of facts in succinct form. In the *Annals of Surgery* for August there appears a paper by Professor Joseph Rauschoff, of Cincinnati, describing what seems to be a new type of perisigmoid suppuration. His first patient was a male child three years old, admitted to hospital after a week's illness beginning with loss of appetite and marked constipation. The bowels were not evacuated until aperients had been given in considerable doses, and this was followed on the sixth day by sharp abdominal pain with repeated vomiting, rise of temperature, and meteorism. In hospital there was very little to show what might be the nature of the lesion, though the fact that the abdominal muscles were rigid and the bowel's distended, together with persistent fever and a distinct leucocytosis, hinted strongly at the presence of some inflammatory process within the abdomen. Within two or three days after admission, however, rectal examination disclosed an infiltration on the left side of the pelvis, and appendicitis with left-sided abscess was diagnosed. The abdomen was accordingly opened, and an abscess discovered in the left iliac fossa, which was closely connected with a necrotic area in the wall of the sigmoid at the summit of its loop. This area was inverted, fixed with a few Lambert sutures, and covered with omentum. Drainage was established. The child recovered after a rather stormy convalescence, and left the hospital three weeks after the operation. It is particularly important to note that though the sigmoid was carefully examined no diverticula were discovered. Professor Rauschoff also reports a somewhat similar case in a little girl nine months old, though in this instance the presence of diverticula was not excluded. There is no authenticated instance on record of abdominal suppuration in a child originating in a sigmoid diverticulum, and, indeed, the evidence in favour of the view that such diverticula ever exist during childhood is slender. It seems, therefore, that perisigmoid abscess may arise from lesions of the colic mucosa other than those connected with the formation of diverticula, and that these have to be reckoned with as possible causes of the "acute abdomen," at any rate in childhood.—*Lancet*.

REMEDIES FOR OTALGIA.—*Belladonna*.—Thrusting, shooting, pinching pains deep in the ear; tearing in middle and external ear; very sensitive to noises; external ear red and tender; relief from cold applications; face red.

Belladonna is useful not only when the pain accompanies acute otitis, but when the patient is suffering from parotitis and erysipelas. I prefer *Bell.* 30th internally and the tincture externally. Put ten drops of the tincture in a pint of cold water, dip a cloth in the solution and apply to the affected ear.

Capsicum.—A drawing, tearing pain deep in the ear and behind the ear; tenderness over the mastoid area; pain relieved by applications of heat. The above are the symptoms of the first stages of suppurative otitis and mastoiditis and will often prevent suppuration.

It is also our best remedy after suppuration, when you have

bursting headache, chilliness and discharge of yellow, gritty pus. Amelioration from heat is characteristic for all stages. This, like *Belladonna*, I use both internally and locally—the 3rd or 6th internally. Externally I use a poultice of flax seed or corn meal in a sack over which I have poured some pepper tea as hot as the patient can bear. Cover the side of the head with the poultice.

Pulsatilla.—Pain as from something forcing out; jerking, tearing pain through the ear. Stopped sensation of ear; redness and swelling of the outer ear; also with otorrhea which is bland and creamy.

Relief from Cold.—The otalgia usually accompanies otitis and otorrhœa following measles or scarlet fever. *Pulsatilla* 3rd to 30th.

Chamomilla.—Extreme sensitiveness not only of the ear but the patient; stitching, lancinating pain worse from stooping; lancinating pain worse from noise especially music; roaring as from rushing water. I have found *Chamomilla* most useful in cases of teething children cutting their molars. Have secured the best results from 30th to 200th in the five drop doses often repeated.

Spigelia.—Pressive, jerking, intermittent pains; pressure as from a plug deep in the meatus extending to zygoma and molars; a stitching pain extending into the eye. The peculiarity of spigelia is that the pains often cease in and about the ear and for a few minutes appear in teeth, eyes, face or even about the heart to suddenly reappear in the ear. *Spigelia* 6th and 30th give the best results.

Verbascum.—Tearing lancinating pains followed by numbness; sensation as if the ear were drawn inward. The numbness or sensation as if the parts were crushed with tongs is the characteristic symptom of this group. Sensation as if the ear were stopped up with a sudden changing of that feeling to the tearing pain and numbness. Oil of verbascum (mullein) warm and applied locally will frequently cure these cases.

Magnesia phos..—Severe, sharp, intermittent pains; sharp pains behind right ear. The pains very much aggravated by cold either cold air or cold water; marked amelioration from heat either wet or dry. The condition cured by *Magnesia phos.* is purely neuralgic. More than that, *Magnesia phos.* rarely cures, but simply relieves the pains. *Magnesia phos.* has served me best in the 3d or 6th trituration.

Plantago.—Earache associated with toothache (*Cham.*). Sharp, shooting pain from one ear to the other, through the head; darting, stabbing, twisting pain from lower maxillary to one ear then through the head to the other, worse from the least noise. Usually the face and teeth are involved. Use *Plantago* 3d internally, and if you can secure the fresh leaves macerate into a poultice and apply to the face and ear.—*Iowa Homœopathic Journal*.

ACTÆA SPICATA.—Violent pains in upper jaw, running from teeth through molar bones to temples. Perspiration on face and head.

LONDON HOMOEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Davies (A. M.). A Handbook of Hygiene. 4th edition, revised and enlarged by A. M. Davies and C. H. Melville. 12mo leather, pp. 730. (C. Griffin. Net 10s. 6d.)</p> <p>Findley (P.). A Treatise on the Diseases of Women, for Students and Practitioners 8vo. (Baillière. Net 30s.)</p> <p>Gruner (O. C.). The Biology of the Blood-Cells. With a Glossary of Haematological Terms. For the use of Practitioners of Medicine. Roy. 8vo., pp. 404. (Simpkin. Net 21s.)</p> <p>McCaw (John). Diseases of Children. A Manual for Students and Practitioners, 8vo., pp. 536. (Baillière. Net 10s. 6d.)</p> <p>Medico-Chirurgical Society of Edinburgh (The) Transactions. Vol 32. New Series. Sessions 1912-13. 8vo., pp. 284. (J. Thin. 8s. 6d.)</p> <p>Morison (Alexander). The Sensory and Motor Disorders of the Heart, their Nature and Treatment. 8vo., pp. 270. (Baillière. Net 7s. 6d.)</p> <p>Musser (J. H.). A Practical Treatise on Medical Diagnosis for Students and Practitioners. 6th edition, revised. 8vo. (H. Kimpton. Net 25s.)</p> <p>Parkes (Louis C.) and Kenwood (Henry R.). Hygiene and Public Health. 5th edition with illustrations. 8vo., pp. 748. (H. K. Lewis. Net 12s. 6d.)</p> | <p>Pegler (L. H.). Anatomy and Physiology of the Fifth Cranial or Trigeminal Nerve and of its Ganglia and Connections. Chart mounted on roller 48ins. by 60ins. (Baillière. Net 21s.); Dissected, mounted on linen in portfolio, with text, advanced to net 25s.</p> <p>Prichard (Arthur H.). Practical Prescribing, with Clinical Notes (Oxford Medical Publications). Cr. 8vo., pp. 318. (H. Frowde. Net 6s.)</p> <p>Stewart (Isla) and Cuff (H. E.). Practical Nursing. 4th edition, thoroughly revised and enlarged. Cr. 8vo., pp. 458. (W. Blackwood. Net 5s.)</p> <p>Studies in Cancer and Allied Subjects. Vol 1. Re-issue. (H. Milford. Net 21s.); vol. 2, 4to. Net 21s.)</p> <p>Turner (D.). Radium, its Physics and Therapeutics. 2nd edition, revised and enlarged. Cr. 8vo. (Baillière. Net 5s.)</p> <p>Walters (F. Rufenacht). Sanatoria for the Tuberculous, including a description of many existing institutions, &c. 4th edition, entirely rewritten. 8vo., pp. 460. (G. Allen. Net 12s. 6d.)</p> <p>Webster (R. W.). Diagnostic Methods, Chemical, Bacteriological and Microscopical. 3rd edition, revised and enlarged. 8vo. (H. Kimpton. Net 18s.)</p> <p>White (W. Hale). Materia Medica Pharmacy. Pharmacology and Therapeutics. 13th edition. 12mo, pp. 704. (Churchill. Net 6s. 6d.)</p> |
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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Serkoff, Russia—Dr. Borland, London—Dr. McCandlish, Torquay—Dr. Burford, London—Dr. Hoyle, London—Dr. R. Day, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathie.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New

Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophilist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Frän Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—In Memoria: T. Cigliano.—Naturphilosophische Studien Schlegel.

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J. H. McClelland.

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Cases from Practice. By R. S. Stephenson, M.D.

Glasgow Homœopathic Hospital.

HOSPITALS AND DISPENSARIES:
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THE
HOMŒOPATHIC WORLD.

FEBRUARY 2, 1914.

PATHOLOGY AND HOMŒOPATHY.

WE venture to call the attention of our readers to the report, printed in this issue, of the discussion at the Liverpool Congress on the value of pathology to the therapist. In our ranks this has been a subject of discussion for years, sometimes of heated discussion, and there would be nothing but gain to our progress, if we could think the subject out clearly, to a conclusion that might be whole-heartedly accepted by all of our adherents. We venture to believe that this conclusion could be reached more easily than is often thought. At any rate, we propose to attempt the adventure now, and shall be very glad to throw open our columns to a full discussion of the matter, if there are any who feel that our first statement and line of argument is unfair.

In the first instance let us clear the ground of certain unnecessary misconceptions. It is easy to see how they have arisen, but there is no need to perpetuate them for want of realization of their present futility. For instance, it is not uncommon to hear men who should know better speak as though certain physicians despised the resources of pathology in considering their diagnosis of a case. We will not go so far as to deny that there may conceivably be such a physician somewhere, but we do assert unhesitatingly that we have never met one who would accept such a description of himself, and for ourselves we do not believe that one exists. Physicians vary enormously

in skill and in knowledge, and many men also have to work mainly or exclusively for patients for whom many most desirable pathological investigations are forbidden on the elementary ground of expense, but as far as a physician's knowledge goes, and as far as a patient's resources are available, we simply do not believe that any man wilfully declines to make use of pathology. No diagnosis can be made of any kind without considering pathology, and some diagnosis (however provisional) a physician is bound to make, in order to give the necessary prognosis and consider measures of general (as distinct from specific) treatment. We do not, of course, mean that a final diagnosis is always possible,—but before the physician can decide even that he cannot give a definite opinion, he must consider his case in terms of pathology. But it will be said that cases are frequent wherein pathological investigations that are at first neglected, ultimately throw light on diagnosis, and often suggest treatment. True: but it is not often enough remembered that modern pathology makes new discoveries every day. It is all but impossible for the most eager to do more than keep in touch with developments as they occur, especially when it is remembered that even pathologists err and contradict one another, and that it is as absurd at once to believe everything that is stated, as it is to believe nothing. We claim that there is no such thing in our ranks as a *wilful* neglect of pathology, and if a physician now and then is ignorant of some of the later details of it, his ignorance may be deplored, steps may be taken to dissipate it, but it is not culpable ignorance in the individual, seeing that public and profession still shirk the organization necessary to bring the work of the laboratory within reach of every practitioner. When pathology is neglected, it is through ignorance. Let us attack the ignorance and not cloud the issue by imputing motives

of contempt to those who in our experience are only eager to learn.

We venture to lay down once for all, that there is no homœopathist who does not gladly use all that he can of pathology to make his diagnosis. But diagnosis made, there remains treatment, and this is the more important part of the subject. The whole question has really arisen, because certain physicians sometimes choose remedies largely by symptoms whose morbid anatomy is uncertain, and relatively neglect those whose morbid anatomy is known. The whole question however is one of degree ; every homœopathist aims at considering *all* symptoms, and there is no need for us to quarrel in this respect. Reasons will be given in a moment, for thinking that symptoms whose pathology is obscure have real value, and it is an undoubted fact, that, by the homœopathically chosen remedy, symptoms of this order are often removed, and cases sometimes cured or relieved, wherein the diagnosis has been doubtful throughout. Given clear symptoms, the homœopathist prescribes with confidence. This does not mean that he should (or does to any extent) neglect pathology.

The matter has been made unduly complex by the fact that the school of prescribers of whom Dr. Hughes was the master, call themselves sometimes pathological prescribers ; but the distinction they draw is a misleading one. If a prescription is made by the symptoms, it must be a pathological prescription, because every symptom must depend on a definite pathology. Unfortunately, as regards many subjective symptoms, and so called "general" symptoms, their pathology is as yet unknown : but that does not mean that it is non-existent. There must *be* a reason why one patient reacts unfavourably to damp or cold, more than another. Sometimes we can divine it, but when we cannot, the symptom is nevertheless a part of the

pathology of the case, and it is not scientific to ignore all that we cannot explain. Rather we should seek to understand. The school of Dr. Hughes is better called the school of prescription by obvious morbid anatomy. As such, it has a great value, especially to the busy prescriber, but it is nevertheless an attempt at a short cut to the end. Success follows it frequently, but when it fails, we should remind ourselves that there may be elements in the case of which the morbid anatomy is as yet unknown, and that a true pathological prescription will deal with a total pathology. If it be asked, how can it? the answer is found in homœopathic practice. Hahnemann noted that there was hardly a symptom of disease that could not be paralleled among symptoms caused by drugs. He had no possibility of possessing our knowledge of morbid anatomy and pathology, but he assumed that identical symptoms (whatever their nature) in diseases and in provings, probably had an identical pathology. We turn aside for a moment to make clear that in any given case a single symptom must, of course, be considered in the light of concomitant symptoms. It is of the essence of Hahnemann's teaching that it should be so considered. Vomiting, for instance, may be due to causes as diverse as gastritis or cerebral tumour, but the concomitant symptoms which aid in making the diagnosis, also, if rightly viewed, point towards the indicated remedy. Different remedies would be indicated by the symptoms in cases of vomiting due to such diverse causes. Hahnemann assumed that if he could match a complex of disease symptoms by a complex of drug symptoms, then the underlying pathological states were identical, at least we consider that it is a fair deduction from his teaching to say that he would thus have expressed his belief to-day. Now, his assumption, with the lapse of time, has been justified for many symptoms of whose morbid anatomy he was ignorant. Tartar emetic does reproduce pretty closely

not only the symptoms of broncho-pneumonia by which Hahnemann was led to prescribe it, but also its morbid anatomy, and similar statements can be made for many other drugs. Why is it absurd to maintain, arguing from the known to the unknown, that when a symptom whose pathology is as yet undiscovered is found both in disease and in proving that the pathology is probably identical, or similar ? The proof will lie in the application of the remedy. If certain indications justify themselves in practice, as guides to certain remedies, then analogy with what is known must lead us to adopt, as a working hypothesis at least, the view that they are in a true sense pathological symptoms. But, if this can be conceded, then all the discussion about the place of pathology in prescribing becomes futile. All prescribing is pathological. We may still differ even widely, in our preferences for certain symptoms as guides to certain remedies ; only the careful recording of many experiences can enable us to walk surely in this road, but at least, we can recognise that we are all travelling in the same direction and to the same goal, and our minor differences sink to the level of being matters of taste and not matters of dogma. So it grows easier to cultivate a spirit of wide tolerance, and that cautious but absolutely unprejudiced readiness to consider every fact, even every suggestion for future progress, readiness which alone is truly worthy of the scientific spirit.

PICRIC ACID.—Dr. W. W. Blackman, of Brooklyn, informs me that he has had excellent results from *Picric acid* in seemingly hopeless cases of uræmia, with complete anuria. And from the kidney symptoms calling for its use in Allen's Handbook, I am surprised it has not been used more extensively, as many cases we observe correspond well to its symptomatology found there.
—*Carl A. Williams, M.D., in the Hahnemannian Monthly, Aug., 1913.*

NEWS AND NOTES.

THE TEST OF HIGH POTENCIES.

OUR readers will, no doubt, remember that the British Homœopathic Association offered a prize to the first doctor who, out of six powders, identical in appearance, whereof only one was medicated, would identify the medicated one (a high potency) by the results of clinical administration. We are glad to announce that the prize has been won by Dr. Charles Spencer, who identified *Sepia* 200 in this way. It will be observed that the chances were heavily against an accidental success, but we hope that these experiments will be widely made, by several physicians, for a series of successful identifications would go far to prove that high potencies are not the inert agents which they are sometimes assumed to be.

A CURIOUS TREATMENT OF DIABETES.

DIABETES is a serious disease which, however, permits sometimes those who are attacked by it to become centenarians. It is a disease that was known to the ancients, but its therapeutics are still uncertain.

Dr. Dinguezli, while making researches in the ancient Arabian medical texts, has discovered that sugared diabetes was known to Avicene, the famous Arabian doctor who lived in the tenth century. Being asked to make a report on Dr. Dinguezli's work, Professor Albert Robin has remarked that the treatment without dieting instituted by Avicene in those far off times, is very curious and most efficacious. The treatment is also most simple. It consists in absorbing several times a day, grains of a plant called semen-contra, some lupine grains, and some seeds of Greek fennel. Dr. Dinguezli has applied this treatment to thirty-nine diabetic patients by making them take daily from thirty to forty grammes of this mixture of grains in wafer cachets containing half a gramme of semen-contra, one gramme of fennel and one gramme of lupine. Many patients have been cured without following any regimen. Professor Robin has also

tried this treatment on five diabetic patients, two of whom were rapidly cured.—*Medical World.*

POISONING BY HUMEA ELEGANS.

The following letter from *Gardening Illustrated* will be of interest to our readers. *Humea* might be worth a proving.

I have been greatly interested in the remarks published in "Gardening Illustrated" concerning the poisonous qualities of *Humea elegans*, and append my own experience with this plant. For several years past I have been much puzzled and worried by a mysterious illness which attacks a friend of mine when she comes to stay in this house, and nowhere else. Within a short time of arrival she is seized with a violent inflammation of the face and ears, setting up painful blisters and accompanied by much swelling. In a day or two the hands and arms also become affected. The first attack was comparatively mild, but each successive one was worse, the fourth and last being excessively severe; so much so that within twelve hours of the start her face was quite unrecognisable. It much resembled an attack of erysipelas, but without the fever and constitutional illness which accompany that disease. The symptoms exactly correspond with those described by Sir Ray Lankester in the chapter entitled "The Modern Upas Tree" in his book "Science from an Easy Chair," which chapter deals with cases of poisoning by the *Rhus Toxicodendron* or Poison Ivy. The patient's own doctor and an expert on skin diseases called in by him have both come to the conclusion that the trouble is caused through poisoning by a plant, and the *Rhus Toxicodendron* was, of course, suspected. Careful search has failed to find any trace of that plant about the place, nor have I ever grown *Primula obconica*. The matter has, therefore, remained an entire mystery until the information given in your paper, about the *Humea* threw light upon it. I have for several years grown this plant in considerable quantity. I have it in a greenhouse opening out of a sitting-room; also about the rooms of the house, planting some in beds close to the windows in summer.

I find that the only two occasions on which my friend stayed with me for some time without experiencing any bad effects were firstly, soon after my arrival here, when the greenhouse was not built, and therefore, I had no *Humeas*, and on another occasion much later, when it so happened that I had not grown any plants of it in that particular year. I think this is a strong case against this plant.

I must add that no one else here has ever been affected by it, but I believe this general immunity has been observed also in places where undoubted cases of poisoning by the *Rhus Toxicodendron* have been detected.

E. HARBORD.

Bulmer Tye, Sudbury, Suffolk.

ALBINISM IN NYASALAND.

IN *Biometrika* for October, 1913 (Vol. IX., Nos. 3-4, p. 333), Dr. H. S. Stannus describes anomalies of pigmentation among the natives of Nyasaland. The observations recorded supplement those of the same author already incorporated in the well-known "Monograph on Albinism," by Pearson, Nettleship, and Usher. In the present memoir—a thesis presented for the degree of Doctor of Medicine at the University of London—he describes several more albinos, piebalds, and spotlings in some detail, illustrating his description by means of drawings and photographs which are clear and excellently reproduced. Cases of leucoderma are also described, and the relation between this condition and albinism is discussed. His general conclusions are that albinism is common among the natives of Nyasaland. It is a family affection and often directly hereditary. Almost every degree of Albinism is met with, varying grades being found in the same family. The degree may alter with age, and a secondary laying down of pigment in the albinotic skin in spots is a not uncommon feature. Albinism is very generally associated with an unusual development of the lanugo hairs and less commonly with mal-development of the teeth. Piebalds are comparatively rare, but spotlings less so; in a definite class the latter condition affects only the penis. Widely distributed leucoderma is uncommon, but a localised form, resembling that described by Ziemann, is frequently found, between which and the more generalised form intermediate conditions occur. Some congenital cases of spotlings resemble exactly some cases of leucoderma.—*Lancet*.

—
EARLY DAYS OF CHLOROFORM.

THE death, at the age of 83, of a niece of Sir James Simpson, which occurred last week at Streatham, brings to mind the early days of anæsthetics. We have grown so accustomed to their use, and alterations and advances in the practice of anæsthesia follow so rapidly one upon another, that we easily lose sight of the fact that it is really only a short time since the first anæ-

thetics were introduced. Mrs. Agnes Thomson, was, so far as we know, the first woman to inhale chloroform, which she did experimentally at Simpson's house in Queen-street, Edinburgh, where he and his assistants were investigating the newly discovered drug, Miss Petrie, as she then was, after witnessing the effects of *Chloroform* on Simpson and some of his assistants, volunteered to try it, and apparently she enjoyed the inhalation, for she repeated it on more than one occasion. No doubt what we now regard as surgical anæsthesia was never attained, and the pleasant sensations she experienced are often paralleled at the present time by those who are subjected only to short periods of administration and to no deep degree of narcosis. *Chloroform*, we may remind our readers, was no haphazard discovery, but was the direct result of Simpson's desire to find an anæsthetic less irritating than *Ether*, which had been already introduced and was used by Simpson early in 1847. It was in November of the same year, that he read his "notice of a new anæsthetic agent as a substitute for *Ether* in surgery and midwifery," in consequence of which *Chloroform* rapidly supplemented *Ether*, until the greater danger of the former drug became apparent. These is an interesting picture of these early *Chloroform* experiments of Simpson, which partook almost of a domestic nature, and of those taking part in them, in Lady Priestley's "Story of a Lifetime." Her husband, the late Sir William Priestley, was one of the many young Edinburgh medical men who were infected with the enthusiasm and joyous spirit of investigation which animated their great teacher.—*Lancet*.

ANTIPYRIN.—Dr. Mersch, commenting on the lack of laboratory evidence that *Antipyrin* reduces temperature in the healthy subject, points out that clinical testimony is in rather the opposite direction. He relates three cases in which the drug, given for other ailments, much as migraine, induced a strong febrile reaction, and claims its febrifuge virtues (such as they are) for Homœopathy.—*Journ. Belge d'Homœopathic*.

ORIGINAL COMMUNICATIONS.

AN ABRIDGED REPORT OF THE DISCUSSION AT THE LIVERPOOL CONGRESS ON THE IMPORTANCE OF PATHOLOGY IN THE TREATMENT OF THE PATIENT.

[This discussion followed a paper by Dr. MacNish, and is so valuable a summary of the views of many of our colleagues that we venture to present it to our readers.—ED. H.W.].

DR. JOHNSTONE said—I feel at a considerable disadvantage in opening this discussion in not having had the paper previously before me to inspire my enthusiasm. However, I had an opportunity of looking over Dr. MacNish's paper this morning and thanks to the excellent electric light was able to peruse it in comfort. We are sorry to miss Dr. MacNish and Dr. Hare, and hope both are recovering from their ailments. Dr. MacNish's paper comes from a man who is not a specialist but one who has had considerable experience of medicine, pure and simple. He has had the advantage of training in both schools of homœopathy, the pure and impure, so that we have the advantage of an unbiassed opinion on the subject under discussion. Dr. MacNish accentuates the value of diagnosis though he says cure may be effected without diagnosis. He uses the word "ultimates." I don't know whether this term is in common use in the other school, I have not heard it before. I think it refers to the bacteria—(A member: No, to the ultimate development which is produced as the result).

I have had some communication with Dr. Hare, and he has provided me with a list of various cases—clinical conditions—in which the pathologist would be of material service to the therapist. Dr. Hare's list is more or less like an index to a work on pathology, long and in detail, and is naturally evidence of the enormous advantage the pathologist may be to the therapist. The length of this list, and the number of diseases and conditions it contains, brings home to us

the advance in pathological science since Hahnemann's time. From my own personal experience of twenty or thirty years I know the enormous advance. How much more since Hahnemann's one hundred years. Now we deal with causes verifiable by experiment with the test tube and the microscope. In Hahnemann's days pathology was without the microscope practically, and chemistry was limited. There was no extra-human experiment. Everything depended upon naked eye appearances. How little could a physician know of the cause of disease. When they saw a liver exposed the redness brought only to their minds a person suffering from some inflammation, they knew nothing of the pneumococcus. When tuberculous glands looked cheesy they knew of the presence of pus but never dreamt of the tubercle bacillus, the knowledge of which has brought about so much diagnostic and preventive good. The diagnostician had very poor information and had to frame theories which were mostly guess work, and were very fallacious and unreliable, and he had to attempt to construct on this unreliable basis a therapeutic rule so that necessarily these therapeutic cases were disappointing and unreliable as there was no certain guide. There was absolute ignorance of the primary causes of bacteria, of internal secretions, etc., and the result was most unsatisfactory treatment and the pharmacopœia was filled with mixtures and nauseous medicaments from the age of superstition. What wonder that Hahnemann, a precise and eminent chemist and accustomed to draw his conclusions from evident facts, threw over the conjectural pathology of his day and attempted to work a way out of it for himself. It is all familiar to you how, from experiments on other drugs, he handed down a rule of treatment which he found applicable to other drugs, the rule of similars, and that his followers have practised over one hundred years and are still satisfied with the results. Dr. Hoyle showed these results last night in statistics from American Hospitals. That evolution of the rule of similars was Hahnemann's great rule and by that he and his court will stand or fall. In this rule

Hahnemann anticipated modern therapeutics. You all know how the use of tuberculins and toxins and antitoxins are all really employed in the modern school on the rule of similars. Of course here is room for controversy as to Isopathy. Some think tuberculin is not isopathic but modified by the process through which it is made.

Did Hahnemann owe anything to pathology? We think not. He discredited the pathology of his day and, as Dr. MacNish has said, it is quite possible to cure without pathology. Hahnemann therefore objected to the pathology of his day. His followers did likewise and this precept was handed down and followed slavishly. Now to this there was a revolt, some disciples, very bold or very weak, availed themselves of pathology and were called to account by pure homœopaths and styled impure or bastard homœopaths, and hence a division in the homœopathic ranks which is to be deplored. I feel myself outside the pale of pure homœopathy, but I will ask the purists if they will consider the changes and advances which have been made in pathology since Hahnemann's time. We have had the perfecting of the microscope; the state of disease produced by parasites; bacteria and their products, of toxins; the protozoa and their products, etc. All these things have changed the scene since Hahnemann's days. We have now a true picture of the cause of disease, not the cause worked out under clouds of doubt; all the details are clear and proved. There are a good many blanks, but they are blank spaces, there are very few fallacies. That is the change since Hahnemann's time. All pathological facts can be verified and have been found helpful in the treatment of disease, and I don't think Hahnemann would have refused to use the pathology of the present day in the treatment of disease. He would have recognized the use of antitoxins as amplifying the homœopathic rule. Our methods are largely responsible for our ideals, and if we still stick to old traditional ideals out-of-date we must be considered outside the pale. Let us consider our position as therapeutists and declare our willingness to use all the good in modern medicine,

but we must admit that the modern methods of vaccines and serums exemplify the law of similars. There is another aspect of the question. I have dwelt on the co-operation of the pathologist and physician in the practice of medicine. I think most of the men who practise homœopathy are general practitioners. They practise, not only the therapeutics, but surgery, midwifery and hygiene. Now take these last three. How is it possible to attack these satisfactorily without a theoretical knowledge of pathology and using its lessons. Pathology gave us antiseptics and all of the absolutely necessary rules for the prevention of disease. Suppose a physician without a knowledge of germs attempted to open the abdomen, he would get peritonitis and probably the death of the patient. Suppose in the practice of midwifery he were without this knowledge he would get into trouble with puerperal fever. The prevention of disease also comes in—the prevention of the spread of diphtheria and typhoid. Take diphtheria for instance. He has not only to act on the lines laid down by preventive medicine but before he attempts anything in the way of therapeutics he ought to introduce antitoxin serum into the blood, otherwise he must be held criminally culpable if the child dies; so we are forced by our own conscience, public opinion and the law of the State, to adopt pathological experience into our own practice. And so it must necessarily affect our diagnosis of disease and therefore our treatment, and further I think the sooner we, as universal homœopaths, adopt all that pathology can give, the better for ourselves and our position in the world of medicine.

The President called on Dr. Capper, of Leicester, to follow Dr. Johnstone in the place of Dr. Mason who had been detained at the last minute very much against his inclination.

DR. CAPPER.—Mr. Chairman, I am sorry to say I am placed at some disadvantage. I was only asked a few minutes ago to continue this discussion and have not had the advantage of seeing the paper beforehand. I am exceedingly sorry Dr. Mason is not here but he and

I can never be away at the same time. I am sorry I am not one of the homœopathic purists because I confess I cannot hold myself to be a very pure Hahnemannian to-day. I wish this had been placed in the hands of a purist. I follow on the lines of Dr. Johnstone, who has just spoken, for, as he has pointed out, our great teacher would have adopted our new methods and seen as we do without any bias, the way that all these methods are conforming to the way wherein we have been pioneers for so long. In the old days we were all taught the totality of symptoms and on that ground worked out the prescription, and none of us go away from that. We get wonderful effects even now, and in hospital cases we get wonderful results. It is not a thing played out. I always feel, and so does everyone here feel, that where we fail it is not Homœopathy that fails but our knowledge of the law and of our *materia medica*. We can only do the best we can. In regard to the aid of pathology to-day, it seems almost futile to bring the matter forward. I will mention a case, in which, where I should have been without the pathologist, I don't know. It was a case of an enormous spleen and an enormous liver. There was nothing in the history to account for it. A blood count was taken—the pathologist at once came in. In that case his help was negative. The advantage, however, was that it excluded certain forms of general blood disease and in these circumstances the patient went to a man in town—this case was taken to Sir Lauder Brunton at her own request. He considered there was only one thing. To make a culture from either the urine or the blood. A culture was made from the urine. For a time there was not much progress. The case was troublesome. All kinds of homœopathic medicines were tried but the indicated medicine seemed always to be arsenic. She could not take arsenic in any form without aggravation, and I felt sure this pointed to the correctness of the drug. Now, that case has done remarkably well. The size has not gone down very much but the patient is much better. I might have gone on with the totality of symptoms but with the help of the autogenous vaccine

that patient is leading a useful life. I don't see how we can question, to-day, the invaluable nature of the co-operation of the pathologist and the physician. There was a very interesting point referred to in the paper that I had not realized, that these autogenous vaccines will act in a high dilution. That is surely a point which Hahnemann would have grasped at and adopted the method. There is a proof once more of the power of our dilutions, that it is not a question of bulk but that the condition treated is a similar one.

DR. PROCTOR : Lest I forget I venture to rise at once to make one or two remarks. I would like to ask the question whether we have any authoritative, any scientific proof of the actions of our vaccines when taken by the mouth. I believe allopaths regard it as an absolute necessity that all the vaccines should be introduced into the system subcutaneously. We have no provings, that I am aware of, of toxins by the mouth, all our evidence seems to be drawn from the action of the poison in the system at large, and we infer that what takes place in the systemic manner will also take place if administered by the mucous membrane, and I would like some proof before laying much reliance on it. My other remark is attached to Dr. Johnstone's paper. There is a local maxim, there is always a danger of failure in dealing with generalities. Now I am struck with the complementary facts, both true yet both different. We take an antidote because of the pathology and because the symptoms are so full that we cannot deny them. Take scarlatina or whooping cough. What pathological basis have we apart from the common natural symptoms ? There seems to be a class of cases where symptoms are the only guide and another class where the pathological results are the only guide, and unfortunately for us where we have only the pathological results or ultimates to guide us we are positively helpless. Take a slowly growing cancer without symptoms. You discover the existence of the tumour by accident. We are helpless, there are no symptoms to guide us. And in a case of exanthematous fever and whooping cough where we depend upon the symptoms we have

a vast repertory and can do much good. Both classes of cases are different and separate, both are true. The division is an important one and we should remember it.

DR. ASHLEY BIRD : It might interest the meeting if I were to answer Dr. Proctor's query as to the use of nosodes by the mouth. A general practitioner, a friend of mine in rather a large practice said to me, we were discussing medical subjects, he said to me, the last two or three years I have been giving antitoxins by the mouth—I don't inject diphtheria antitoxin—with very great success. He said he got as good results as by injections. (Dr. Proctor : Would that apply to dilutions as well as crude substances ?) I have not had much experience, I was speaking of a general practitioner who knows nothing about Homœopathy. He uses very much the ordinary dose. (Dr. Proctor : I don't wish to obtrude my remarks too much but is it not a fact that this administration of vaccines is limited. It is adopted by doctors in America as prophylactic in small-pox and found to be inoperative.)

DR. ROCHE (Norwich) : I suppose this question of pathology is one that entirely depends on what we understand by pathology. In Hahnemann's day there was worse than no pathology because, as Dr. Johnstone pointed out, it dealt with crude ideas or fancies—there was no knowledge. There was only the crudest enquiry into the conditions of organs of a patient who had died. I could not understand in my early days what we understand now. In my early days nothing was known at all. I quite agree with Dr. Cooper as to the wonderful results you can get even in cases you fear are incurable. We are able to relieve in a remarkable way even where we know we cannot cure. As to this question of vaccines, it is a very important one. I think I had heard of the successful use of vaccine preparations given by the mouth. I remember one case in which I was concerned. I was called to a patient of mine at Sheringham in a very serious state and carefully examined him and found, amongst other things, a growth in the rectum. I formed the conclusion that it was not cancerous but

had I had no pathology to help me I should not have known definitely what it was. But the discharge being examined, it was found tuberculous. In the meantime, the growth was of such a size something had to be done. The patient was sent up to one of the London surgeons, who concluded it was a tuberculous mass and that there must be a colotomy. The patient had a colotomy performed and returned to Sheringham. The surgeon gave no prospect with regard to cure, the surgical operation was done for relief. I gave *Tuberculin* by the mouth and that mass, which was so large that colotomy was essential for the preservation of life, was absolutely cured. I gave a dilution in the tenth, and two years ago I was at Sheringham and saw that man in robust health bathing and tumbling about in the water near me. All the treatment he had was *Tuberculin* by the mouth.

DR. GRANVILLE HEY: Mr. President, This subject of giving nosodes or vaccines by the mouth brings us closely to the question before us. I will mention one case in which *Tuberculin* was necessary in the treatment of a child who showed no tuberculous signs. However, I was persuaded to put the child through Von Pirquet's test which reacted immediately positively. The patient had one dose of *Tuberculin* 6 by the mouth and then went into the country. I was called in a hurry to where the child was staying, because she was so ill. It turned out to be owing to aggravation of *Tuberculin*. Four doses had been given and the fifth was about to be given. The aggravation subsided in the course of a week and the result has been as much as one could possibly expect. I think we have seen in these cases cited this morning by Dr. Moir and others of vaccines given by the mouth, that these cures can be substantiated.

DR. CRONIN LOWE: It is not out of place perhaps that there should be no feeling of contest between modes of treatment. Surely all these treatments—from those in contact with the highest potencies to the lowest—each have their place and using and ultimately we shall have a book of rules drawn up for the game of medicine as for other games, and as in a game of golf

we play according to our lie so we shall have in medicine. I am sure that we shall go through and find that each of the many modes of treatment that each one or other of us may adhere to will be adopted by all of us. The pathologist will be one medium. Dr. Hare's results are so excellent, his examinations so complete, his preparation of the potentized poisons have been so satisfactory in regard to the cases to which they have been applied.

DR. MURRAY MOORE : I would like to add one or two facts to the discussion. We cannot do without pathology in any case involving organic disease. I have come to the conclusion I cannot pronounce any patient to be tuberculous until the pathologist has revealed the tubercle bacillus in their sputum. I had a case of a missionary in Berlin who was pronounced tuberculous by two physicians in Warsaw, three others said he had chronic catarrh. I found no consumptive signs. There was excessive prostration and continuous sweating and fatty degeneration of the heart. I sent some sputum to Dr. Burnett, who pronounced a negative result. I put the patient on a course of treatment and told him to consult Dr. Ord, and he has rapidly improved and got back to his health of a few years ago. We cannot do without pathology. There are a number of diseases which simulate scabies, you cannot prove them to be so until you produce the itch under the microscope. I am such an old-fashioned practitioner that I have not dared yet to use antitoxins by injection. I don't hold myself responsible to the civil authorities when I do not give an antitoxin. I have not found the diphtheria that has not answered to *Mercury cyanide*. I treat all cases of small pox with vaccine 3, and I consider that a sample of giving toxins. These patients recover without any marks even though not vaccinated before. I consider that a small contribution to this method. It is a very doubtful point to my mind whether we should claim all these serum therapeutics as evidence of the Law of Similars. It is very doubtful ; I have not come to any conclusion about it. If they are an illustration of the law let us claim them and it may prove a bridge of unity for the

two sides of the profession and it may, as it is worked out, be a means of uniting the two bodies. I am extremely glad this subject has been brought forward, it is profitable and useful for us.

DR. GREGSON (Blackburn) : I have given as many as 600 injections of *Tuberculin* in one year and have tried it by the mouth extensively. One case, varying from 102° to normal (that of a man who had been under treatment before he came to me and who could not walk two and a half miles), was a definite success by mouth. Other cases in which I tried as many as four doses by mouth would answer for a time and then lose. I found it less reliable and finally gave up the mouth method and feel safer. Other vaccines I give hypodermically. I am sorry that the previous speaker waits to find tubercle in the sputum. I think if they are found the patient has missed an opportunity. If by scratching the skin with an ordinary Koch tuberculin you get a reaction it is wise to regard the patient as probably tuberculous. If you get no success you have been wrong, but my experience is that this method of treating patients as tuberculous is followed by very successful results. This discussion has developed into a discussion on vaccines by the mouth, and to return to the paper, I quite agree with Dr. Cooper who considers cases can be divided into cases in which you can be fairly sure will be benefited by Homœopathy pure, that is cases which show general definite general symptoms and that there are other cases in which the general symptoms are not anywhere near sufficient for guidance, and in these cases if you stick to pure Homœopathy it will be very difficult to decide what you are going to get and in these cases are justified in going on to particulars.

DR. BYERS MOIR : The title of Dr. MacNish's paper was "The Importance of the Collaboration of the Physician and the Clinical Pathologist in the Homœopathic Practice of Medicine." It is not a question of dispute. Dr. Johnstone said Dr. MacNish was not a specialist ; we look upon him as knowing something about the stomach and I remember him saying "I should refuse to give an opinion until I had the stomach contents

examined." There was a book published as looking at this question from a layman's point of view. These are the thoughts of the layman—He goes to a specialist in London who after talking some time, gives him hydrochloric acid ; he gets much worse and goes to a hydropathic establishment where everything is examined and after the examination he is told he has too much hydrochloric acid in the stomach. This is reasonable. A man should find out what is in the stomach before he treats his patient. That is the point. I have the highest admiration for the idealist who works out the simillimum as many do, but they are apt to ignore the pathology. I am glad Dr. Burnett has been referred to. He was the first one in the world to use *Tuberculin* and no one who takes his book can fail to see he shoulders the whole thing. His book is most valuable and is full of original thoughts on every branch. The question of hypodermic or internal use I don't think matters much, to my way of thinking. I prefer the hypodermic method, but as to saying it is no use by the mouth—I am certain that no one goes beyond *Tuberculin* 30 without benefit, both in children and adults ; but they must be used on our lines.

DR. WYNNE THOMAS : I don't know that there is much for me to say. I was going to answer the question Dr. Proctor asked about administration by the mouth. Two years ago, in London, I instanced a case of absorption of drugs by mucous membrane by mouth. It is our practice every day to give *Tuberculin* 30 and the nosodes by the mouth and there is no doubt about our results of this : the action takes place all right. Dr. Ashley mentioned about the doctor with a large practice who gave diphtheria antitoxin to a child by mouth. About two years ago I had a child who was very obstreperous and cried out at the sight of the needle and I was afraid of bringing on a fit and gave antitoxin by the mouth. I was delighted with the results, and since then have always given it by the mouth.

I think we must all be very grateful to Dr. MacNish for his admirable paper. He has had much experience and been in practice a good many years all over the

world. He has been to Chicago and seen Kent's work there and lived with him some time and so he got among Kent's cases and was able to talk with him, and when he came home he was rather full of Kent's methods. But he is a man who has tried the highest and the lowest and intermediate, and I think his paper is a paper which should be read by every homœopath in Great Britain.

I think, at the present day, there is a great tendency for homœopaths to split up into sections. The high potency people and the ordinary homœopaths—there is room for both; there are cases in which the high potencies act very well, but I am sure there are cases, which if worked out by the repertory—the number of cases which cannot be cured are limited. There are cases cured by both methods, and the man who will save most patients is the man who will use whichever method is most applicable to the patient's needs.

DR. NEATBY: What we are suffering from to-day is the absence of any representative of those who style themselves purists. I would like to have an opportunity of saying something about the term "Ultimates." Nothing has been said definitely about that. From what I have heard from him (Dr. MacNish) those symptoms which I should call secondary are those he calls ultimates. Pain produced by pressure of a tumour is an ultimate. The retention due to a fibroid in the pelvis is an ultimate. Dr. Lowe has struck a note which I am sure is a right note for us to respond to in an assembly like this. There is surely room for two grades of thought and methods of the application of the homœopathic law. All the best treatment of the day, whether conducted by so-called allopaths or homœopaths, is truly on the line of similars. You regard the sound tissues as those which must be stimulated to produce antidotes. Sir Almroth Wright and others do it by inserting toxins from the patient's own organism or a similar microbe from another patient. They say that you stimulate the sound tissues to produce the antidotes. In the first instance you get an aggravation, you get a negative phase brought about by the attempt of the

system to raise the resisting that is in the system. The resisting power is raised as exemplified by the opsonic index. It is not necessary always to make an opsonic observation. Clinical observation has shown that the resisting power of the body is raised by the injection of the toxin. Burnett and others have proved that it is possible to give that stimulus by the mouth and in a high dilution, but we have gone further than that and proved that the stimulus need not be a vaccine or toxin but may be a homœopathic drug and Dr. Murray Moore said—"How will you treat a cancer without symptoms? What is the drug which would raise the resistance of the organism to this disease of cancer?" It is in your practice of the generalities of the patient, how he bears heat, cold, etc., that you will find what your appropriate stimulus is, and you will give in high dilution so as not to depress the activity of the organism and not repeat until the effect of one stimulus is finished. It has been shown, clearly enough, scientifically by the opsonic index, and the bacteriologist, and clinically before the bacteriologist took it up, and still more clinically by the results of more or less homœopathic medicines, whether on generalities or generalities supplemented by particulars, or by particulars alone. There is room for all these methods and I would like to emphasize the importance of this note.

DR. NANKIVELL said he wished to put Dr. Murray Moore right on one point, viz., that it was not now considered necessary that we should find the tubercle bacillus present before calling a case phthisical.

DR. CASH REED : We cannot ask the reader of the paper to reply, therefore the question of reply is ruled out, and now we are shortly about to adjourn for lunch, I will make one or two remarks rather in the nature of conclusions than anything else. We have heard a good deal about different toxins. I would like to say from my experience I believe it is the autogenous toxin which will do good, not merely toxin from some other subject—that is vital. Another point with regard to cultures made from urines, these are elusive and uncertain. I think, generally speaking, it is very

uncertain that we get the actual virus that is at the root of the complaint. I don't think we actually get to the root of the mystery. Dr. Proctor sounded a very important note. We listen to him gratefully. His accurately scientific mind often helps us in our discussions at our meetings.

I think as time goes on in the development of homœopathic law the methods he suggests, that our dilutions should be injected into the blood stream rather than taken by mouth will bring about results hitherto not obtained.

VISIT OF THE INTERNATIONAL
HOMŒOPATHIC COUNCIL'S ENVOY TO
ST. PETERSBURG.

By E. PETRIE HOYLE, M.D. (U.S.A.).

THE official visit of the International Homœopathic Council's Envoy to Russia was arranged about one year ago, and necessary police permission was obtained in order to hold the Pan-Russian Homœopathic Congress.

The date was November 2nd, 3rd and 4th, 1913 (new style).

Dr. Brasol, who is known wherever Homœopathy is known, left no stone unturned to insure its publicity and success.

By personal letters to every St. Petersburg editor, which fully explained the work and the object of the International movement, Dr. Brasol secured the unanimous support of the Daily Press and even of many illustrated papers, without, as he told me, expending one kopek.

Further, each editor received personal cards of invitation to every session, as well as to the social functions connected with Congress.

Each member of the Imperial Council and the Duma received cards of invitation for all functions both social and professional. There was also sent with each card to these members a short "review" of the object of the Congress, being an explanation of the work of the

International Homœopathic Council, and also a clear statement of Homœopathy, local and International.

Special care was taken in this matter because, as was explained to them, it was probable that they would be called upon at no distant date to vote upon a question of great importance to Homœopathy, and one that might have a "world-interest" and consequence. In fact, this problem was the reason for calling the Congress, and it was also stated that the debated subject of inquiry was already in the hands of a special Committee, akin to our Parliamentary Committees; over 650 such invitations were sent to the two legislative bodies.

The issue to be decided by the Duma is "Shall every Homœopathic Pharmacy in Russia be closed permanently?"

In order that these cards of invitation should arrest and command attention, before being consigned to the waste-paper basket, they were prepared with the highest skill of engravers' art on beautiful ivory vellum paper, which was almost like parchment in texture. This care and preparation are worthy of record and of consideration in any important movement. They compelled attention and aroused widespread interest in the higher circles, as the gatherings at the reception and Congress showed.

The reception was held in the spacious and beautiful rooms of the Hotel du Nord on Saturday night, and was very well attended, crowded in fact.

Sunday, 1.30 p.m., saw the opening of the Congress proper, held at the fine hall named Kalashnikovskoi Birji, which holds some 750 people easily. The first procedure was the blessing of the Congress and its objects by Bishop Anatoli, of Odessa, who is also a member of the Duma. There was High Mass, with full complement of Priests, and a choir of male voices, men and boys, some twenty-four in number, who sang in the Minor key, as adopted by the Greek Orthodox Church, and they made the most beautiful and plaintive music I have heard in my life, which I shall never forget.

Here were gathered about 650 people, including

members of the Legislature, Bureaux of Education and of Public Works, and the Army, which latter was very heavily represented, also members of the Court, and representatives of Science and Literature.

It was an audience such as is but seldom seen, and every one was deeply interested, as is shown by the fact that they all sat in unbroken attention for about four-and-a-half hours.

The President of the Congress was General Roop, who is one of the oldest members of the Imperial Council, and a man of highest National repute.

One of the first items was the despatch of a telegram to the Czar, who was in Southern Russia, expressing their sense of loyalty and good wishes in the name of the Professional and Lay Societies of Homœopathy. This message was answered specially and very quickly by the Czar's orders, which reply, it was considered, conveyed more than ordinary interest.

The Congress received a letter and telegram from Grand Duke Pavel (Paul) Alexandrovitch, who was at Paris, in which he requested that he and his wife, the Countess Hohennfelsen, might be made Honorary Members of the Congress.

On the platform were the following : General Bourmann, who is President of the Lay Society of Adherents of Homœopathy, which is a powerful, well organized and very active lay body of cultured people. Also General Pagovski, who has the title "Honorary Guardian," one of the highest, if not the highest rank in Russia, his wife being present in the audience ; General Velitchko ; General Rodoffski, late Director-General of the Law College at St. Petersburg ; General Fedorovski ; Doctor Brasol and Doctor Serkoff (who has just been with us in London on his way to a tour of the American Homœopathic centres), and a few others whose names I regret not to have been able to obtain. The Envoy was called on the platform as an Honorary Member of the Congress, which honour to the International Homœopathic Council was suitably acknowledged.

The chief speaker of the day was Dr. Brasol, who delivered an address of fully two-and-a-half hours

nor did I see a soul who tired of it. (I had full opportunity to watch the emotions of the audience, as I could not understand anything beyond technical words here and there.) On the contrary, there was rapt attention to the utterances of Dr. Brasol, who spoke without looking at his notes more than three or four times (to quote precisely some passage or other). He is a wonderfully magnetic speaker, and full of fire ! All the speakers, at all sessions of this Congress, spoke in front of two registering phonographs whose "breaks" (for the renewal of the wax records) were arranged so that there should be a continuous record.

It had been arranged that after the audience had left, the chief members of the Lay Society, and the Doctors and their families, and the Officers of Congress should remain to be photographed.

There were seven professional photographers, who came at the behest of their own papers, and not as paid by the Congress ; and these vied, even nearly fought for the best point of vantage, to the amusement of the guests. I mention this merely to show the lively interest in the Congress on the part of the newspapers and journals.

The evening session, at about 8 p.m., in the same Hall, was devoted wholly to the translated address of the International Homœopathic Council and the display of some sixty slides of the Council, showing International Hospitals and statistical charts, besides which, were twenty local Homœopathic views and subjects.

At the wish of Dr. Brasol I addressed both audiences for some few minutes, in English, as there were sufficient people there who understood English, and many indeed, who spoke it perfectly.

Dr. Brasol showed me the daily newspapers, most of them having at least a column space devoted to this Congress and Homœopathy, and he assured me that the homœopaths were highly pleased with every report. I have copies of all these on file.

The platform occupants even attained the celebrity of a fine "caricature" illustration in one of the large daily papers. It was taken in good part, of course, and was really funny !

Dr. Brasol assured me that the presentation of the Council's work and information communicated was most opportune and much appreciated, as indeed many others told me.

As Dr. Brasol said, "They were all very impressed with the necessity of the continuation of the Council's work, and they were sure that it must strengthen the whole Cause."

Their remarks were generously accompanied by a cheque for £60 (sixty) for the Council's funds, being £30 each from the Professional and Lay Societies, besides, the Envoy was the recipient of perpetual care and attention every hour of his stay in the city.

The personal kindness at the reception and the constant care of me as the Council's representative will live long in my memory. It is another link forged in the chain of International Homœopathy, and fully repays any labour, however arduous.

Indeed, these International experiences have all been so encouraging, and obviously so appreciated everywhere, that it would seem to be a calamity were the Council's work to stop. I don't remember (nor would I choose to remember) a single unpleasant encounter since the beginning of our work; the show of enthusiasm leaves no room for doubt that this International activity is on the right road. Perhaps this is because the Council is guided by collective International experience.

I was told that the reason there were so many army men of high rank present at the Congress, was that Homœopathy has a great personal following therein, though it is not "official"; however, two cholera epidemics nearly gained this end for us in Russia, because our percentage of cures was so very much greater than with orthodox medicine, and I was told, when in Russia, that if Czar Alexander II. had not been assassinated, Homœopathy would have had equal official rights in a very short time, as he was a staunch and active adherent.

■ The army officers continually employ Homœopathy, using their lay skill, for themselves and their horses, and I understand that nearly all the great trotting-

horse studs in Russia employ Homœopathy, and that some American horsemen living there were chiefly responsible for this.

As an "International exchange," I gave the Russians the item of news Dr. de Vásconcellos, of Brazil, related to us at the Ghent Congress, viz., that the day for Homœopathy was won in his country partially because of the success of Veterinary Homœopathy in the army, to which the potent lever of "Superior cheapness and economy" had been an undoubted factor.

In order to obtain satisfactory homœopathic pharmacy in St. Petersburg, the Professional Society has created and maintains two first class homœopathic pharmacies, and the LAY Society likewise has other two—making four, besides one "private venture" for this city.

Any one of the first named four is larger and finer than any in London, sorry as I am to say it!

The Profession has one pharmacy in the building of their splendid Hospital, which contains sixty-two beds and which Hospital stands in its own large grounds, and opposite a city park—being a most unique and valuable situation, and one that is worth many times the original cost, now that the city park is well established opposite.

The Hospital Pharmacy alluded to, is accessible from the street, and they tell me that the day to day sales materially help to pay the salaries of the Pharmacists, which is a point worthy of consideration for other Hospital Boards!

The St. Petersburg Homœopathic Pharmacies are so good that there can be but one solution of the persecution which our colleagues in Russia are now undergoing, but which we understand they expect a happy issue therefrom, owing to the combined efforts of the Congress!

A personal touch may not be out of place here. Madam Bourmann, wife of the President of the Russian Lay Society, told me that her mother once jokingly reproached her for having said that "Homœopathy was so cheap." "For," she said to her daughter, "You seem to spend so much money in pills." The ex-

planation of this was—as they were living, at the time, on General Bourmann's estate, South of Moscow, Madam Bourmann was, in the absence of a homœopathic physician, successfully practising in no less than three villages, bestowing her tender services and giving medicines to the poor people, with a lavish generosity so commonly found on large estates in Russia.

This shows what success a layman can obtain, and it has been a matter of wonderment to many of the staff of the London Homœopathic Hospital how the Missionary students, who have taken a course at that institution, are able to go out into the world and do such magnificent work with Homœopathy, as they most certainly do !

Holland Park,
London, W.
Christmas Day, 1913.

CHRONIC ECZEMA CURED BY ISOTONIC SEA-WATER INJECTIONS.

By ARTHUR G. SANDBERG, M.D., Hon. Physician to the
Quinton Sea-Water Polyclinic, Soho, S.W.

Mrs. S. C., aged 49, a lady of independent means consulted me on August 20th, 1913, for Chronic Eczema of over twelve years standing.

The patient had always enjoyed good health until the attack commenced ; when she was treated by her own doctor (allopathic) with the usual routine of old school drugs and ointments, with little or no benefit. This lady was a public singer, and as the face was chiefly affected, she was unable to follow her profession, which preyed greatly upon her mind, and after about two years she developed symptoms of insanity which gradually increased and at last resulted in her being certified insane and placed in an institution.

After eight years in the Asylum, the patient was discharged cured from her dementia, but the eczema, which had remained during the years that she was under restraint, was unrelieved. Twelve months after

she had regained her mental balance she consulted me for her skin trouble.

The patient was a tall, slight woman, very intelligent, and showing no signs of her late mental condition.

The face was completely covered with eczema rubrum, the whole surface vividly red and swollen, and hot and tense to the touch. There was a good deal of eczema on the neck, more particularly at the back, and also on the hands, arms and legs.

The family history was good, with the exception of a decided gouty taint.

There was very great heat and burning, especially when warm through exercise and in bed. The monthly period was regular, but the irritation of the skin was worse at that time. The bowels were opened each day, and the urine was normal. The patient had been troubled with acne as a girl.

Treatment: *Rhus. Ven.* 30 was given every night for three days, and the lady was told to return in a week. On the 27th of August there was no change, so three more doses of *Rhus V.* were ordered, to be taken as before.

Aug. 30th.—No improvement, irritation as much as ever. 20 cc. of Isotonic Sea-water was injected, and the patient was told to return on Sept. 2nd or 3rd.

Sept. 2nd.—Very much improved, the irritation is less, and the face paler and less inflamed. Repeat.

Sept. 5th.—Not quite so well, 50 cc. injected.

Sept. 9th.—Better, repeat 50 cc.

Sept. 13th.—Improving, but irritation worse in bed. Repeat 50 cc., also *Rhus V.* 200 every night.

Sept. 16th.—About the same. Repeat 50 cc., also the *Rhus V.*

Sept. 19th.—About the same. Repeat Isotonic Sea-water, 100 cc.

Sept. 23rd.—Improving. Repeat 100 cc., and one dose of *Radium Brom.* 14, to be taken at night.

Sept. 26th.—Repeat.

Oct. 3rd.—The irritation is very troublesome, though the eczema is decidedly improved. 150 cc. No medicine.

Oct. 7th.—Repeat 150 cc.

Oct. 10th.—200 cc., and to be repeated on Oct. 14th, 17th and 21st, on Oct. 28th the dose was reduced to 100 cc., and on Nov. 4th and 11th, 150 cc. was given. Nov. 19th, the eczema is much improved, especially on the face and back of neck, but as there was still great irritation at night, a dose of 250 cc. was injected. This was continued each week, until Dec. 31st, when the condition was improved in every way. The irritation had entirely ceased, and the arms, neck and face were perfectly clear.

The patient was advised to have an injection of 200 cc. every fortnight for three months, and then to cease all treatment. She is very well now, sleeps all night, has a good appetite, has taken up singing again, and her mental faculties seem perfectly normal.

NOTIFICATION.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. H. J. BARLEE. .

By an error Dr. Barlee's telephone number was wrongly given in a previous issue. It is 675 Tunbridge Wells.

DR. G. BURFORD.

Dr. Burford's telephone number has been changed, and is now 1090 Mayfair.

DR. C. E. WHEELER.

Dr. Wheeler's telephone number has been changed, and is now 1090 Mayfair.

AURUM IN OSTEOMYELITIS.—In a series of cases recently reported in *The Homœopathic Recorder*, Dr. C. J. Veniot, of Bathurst Village, New Brunswick, dwells on the action of *Aurum* in an involved case of osteomyelitis. An excellent result was gotten by the sixth potency. Previously, there had been prescribed by Dr. Veniot *Mercurius* which was, of course, indicated as the action of this medicine in infectious states is very closely allied to *Aurum*. The *Aurum* was given every hour and pain disappeared after the third dose; it returned four days after this; another dose of the gold put everything in order. The osteomyelitis had involved the tibia.

AETHUSA.—Itching eruption around joints. Skin of hand dry and shrunken. Itching when warm.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Society met on January 8th, Dr. Vincent Green in the chair.

Dr. Hare showed a case of old-standing Empyema, which had discharged continuously for two years after a resection of rib. Pneumococcus isolated, and after twelve inoculations with vaccine, discharge stopped and wound entirely healed.

Dr. Burford showed a specimen of Myoma uteri with concurrent Myoma Heart, and a short discussion followed concerning relation of heart affections to abdominal tumours, especially myomata and ovarian tumours.

Dr. Burford and Mr. Wright showed specimen of suppurating Tubercular Kidney with (1) Tubercular nodule plugging ureter and (2) in centre of this a lineal ureteral calculus.

Dr. Charles W. Hayward, Liverpool read a paper entitled "The New Knowledge of Life and The New Therapeutics." After referring to the inherent movement in all molecules, which practically amounts to perpetual motion, and reviewing the laws governing atoms, he showed that colloidal solutions are so delicately balanced, that infinitesimal doses produce more effect than large doses, and referred to Ringer's suggestion that muscular contraction is due to colloidal change. Also ferments are colloids, and life is due to delicate reactions of colloids within cells. The activity of colloids depends on crystalloids: if the latter are removed, life ceases. After reviewing the new knowledge of the atom revealed by study of Radium, he passed on to consider the laws governing cell production, with special reference to the chromosomes.

Homœopathic provings were claimed to be the result of cell vitality, all molecules are in a state of perpetual motion, in solids "vibration," in liquids "surface tension," in gases "uncontrolled." Activity of movement of particles is in inverse ratio to their size.

In spectrum analysis, two similar vibrations cancel one another, e.g., if *Sodium* is put into a flame, a definite line appears in spectrum. This is obliterated if exposed to sun's rays, because of *Sodium* in sunlight. An animated discussion took place, in which Drs. Burford, Dr. Hare and Dr. Goldsbrough and others took part.

The Dinner club met as usual after the meeting.

ARALIA RACEMOSA.—A man, aged 42, with pitch black hair, and brownish complexion, who had suffered for years from torpid liver and stomach disorders, which had produced a hypochondriacal disposition, has suffered for half a year from the following symptoms :—In the morning before breakfast, and again between 10 and 11 a.m., when the stomach is again empty, he has a sensation as if something warm rose from under the sternum up into the gullet and mouth ; there is eructation of wind, and then sneezing, with copious flow of watery mucus from the nose, lasting some minutes. The temperature of the air has no effect, he has these attacks in the warm room as well as in the cold air, they are always connected with an empty stomach, but he observes they are always apt to occur after taking sour food. He has treated himself with *Arsenicum*, *Argentum*, *Nitricum*, *Nux vomica*, *Natrum muriaticum*, *Kali hydriodicum*, without any relief. I prescribed tinct, *Aralia* 10 drops in a tumbler of water, a tablespoonful three times a day. This caused a satisfactory result, but he had to avoid sour food.—*Mossa, A. h. z.*

ACTAEA RACEMOSA.—A man, aged 40, robust, hitherto healthy with the exception of two attacks of slight articular rheumatism, was affected after the rheumatism had gone with noises in both ears. The hearing was not affected, but the noises, which were of a blowing character, had tormented him for half a year, and caused him much distress. He first got *Bryonia* 6, then *Rhus* 6. These remedies were given for several weeks without result. *Pulsatilla* and *Belladonna* were equally useless. Having read in some journal that *Actaea* in low dilution or mother tincture had cured some cases of tinnitus, I gave the medicine in the 6th dilution. The results was negative, so I then gave *Actaea* ix, 8 drops in a tumbler of water, a spoonful of this every three hours. At the third spoonful the patient heard a sudden loud crack in both ears, and immediately afterwards amelioration of the hearing, which with the fourth spoonful was completely restored. Several months have since elapsed without any relapse.—*Olive: Revista Homœopathica.*

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

RECEIPTS FROM DECEMBER 16TH, 1913, TO
JANUARY 15TH, 1914.

GENERAL FUND.

	<i>Subscriptions.</i>	<i>£ s. d.</i>
H. F. Fermor, Esq.	5 0
A. Backhouse, Esq.	1 1 0
Dr. P. Hall-Smith	1 1 0
J. W. Canter, Esq.	10 6
The Rt. Hon. The Earl of Morley	1 1 0
Miss Dowsett	2 6
Ralph Callard, Esq., J.P.	3 3 0
Dr. H. J. W. Barlee	1 1 0
Miss Noble Taylor	10 6
Dr. C. J. Wilkinson	1 1 0
Mrs. George Smith	1 1 0
Mrs. Wilmot	1 1 0
	<i>Donations.</i>	<i>£ s. d.</i>
E. G. Dow, Esq.	1 1 0

The usual Quarterly Meeting of the Council was held at Chalmers House, on January 13th.

The usual Monthly Meetings of the Executive Committee were held at Chalmers House, on December 16th, 1913, and January 20th, 1914.

The third of Dr. Wheeler's Winter Course of Popular Lectures on the History, Theory and Practice of Homœopathy, under the title of "The Case for Homœopathy: Theoretical," was given at Chalmers House on January 14th. This time the lecturer approached the question of cure from the biological standpoint, and, after a very clear and suggestive description of the essential nature of health and disease, showed how all process of cure must proceed by stimulus applied to the body's own latent powers of resistance to the forces of disorder. The equilibrium of health, the disorder of disease, the body's natural resistance, and then the sphere of drug action stimulating further reserves of natural resistance were successively described, and the inevitability of treat-

ment by similars was demonstrated, an interesting point being that this conclusion had been independently reached by Schulz, an eminent Professor of the allopathic school, and admitted by him to be virtually Homœopathy. Dr. Wheeler cited other cases of independent testimony pointing to the value of the homœopathic law, by such men as Hunter, Troussseau, and Reith and others in recent years.

The next lecture entitled "The Case for Homœopathy: Experimental," will be given at Chalmers House, on February 11th, at 5 p.m.

THE ATROPINE TREATMENT OF SEA-SICKNESS.—Based upon the similarity between the symptoms of sea-sickness and those of physostigmine poisoning, a hypothesis has been framed by Fischer that the former, like the latter, is due to stimulation of the vagus. He deduced from this that atropine, by inhibiting the vagus, might relieve sea-sickness. His results on testing the idea are published in the *Munchener Medicinische Wochenschrift*. Fischer treated fifty-two cases of severe sea-sickness by injection of somewhat large doses of atropine: 1-64th grain for males and 1-85th grain for females. Salivation, it is not surprising to learn, disappeared speedily, and vomiting usually ceased within half an hour. The face regained a healthy colour and the pulse became full. In most cases a single dose sufficed, but exceptionally a second was required to subdue the symptoms of seasickness. Relapses were not observed, a somewhat curious point, inasmuch as atropine is eliminated fairly rapidly. Control experiments were tried by treating all the inmates of one cabin and none of those in the next one; and to exclude suggestion injections of distilled water were given, but did not avail to relieve the patients. The occurrence of sea-sickness on a smooth sea or in harbour is explained as due to vagus excitation by psychical influences. Whatever the theoretical explanation of the benefits of atropine treatment may be the question which matters most to sufferers from sea-sickness is whether or not it is effectual. If independent investigation confirms Fischer's claims he will be hailed as a benefactor by thousands of the travelling public. It is interesting to recall the vogue which Hyoscyamine had as a specific for sea-sickness a few years ago; for pure Hyoscyamine has physiological actions practically identical with those of atropine. Possibly the difficulty of preparing it cheaply without the presence of hyoscine as an impurity accounts for its decline in favour. If Fischer's explanation of the mode of action of atropine is right it should be just as effective in prophylaxis as in cure; this, apparently, still remains to be put to the test.

—*The Lancet.*

EXTRACTS.

PRURITIS SENILIS—DOLICHOS AND FAGOPYRUM IN THE TREATMENT THEREOF.*

BY RALPH BERNSTEIN, M.D., Philadelphia, Pa.

By senile pruritis, I refer to pruritis without manifest eruption, usually seen in the senile and pre-senile. Who of us have not had to contend with just such itching dermatoses with practically no manifest eruption whatsoever, nothing visible except those atrophic changes in the skin which come with senility? The skin may be dry and harsh and shrivelled, and then again may show no signs whatsoever of on-coming age.

There are two splendid remedies which stand out pre-eminently and profoundly for this condition which have never failed to give most excellent clinical results. I refer to *Dolichos* 6x (cowhage) and *Fagopyrum* 12x (buckwheat).

Now *Dolichos* is a most effective remedy. There is intense itching of the skin, sometimes worse on the right side of the body, because *Dolichos* is a right-sided remedy, and there is no manifest eruption whatsoever, while the itching is usually worse at night. Try it and see what *Dolichos* will do for your cases of senile pruritis.

Who has not seen the cows out in the field stand against the fence and rub their sides and shoulders after they have been eating cowhage? Surely that is a proving. I must not forget to say that *Dolichos* types of pruritis are often frequently worse across the shoulders. Old patients down on the farm will often be seen rubbing their backs and shoulders on the door-posts, same as yon cow did on the fence in the field over there.

Now *Fagopyrum*, that is the buckwheat. Time and time and again we read in public print at the good old time of buckwheat cakes how epidemics will strike a village or a township with intense itching of the skin. The newspapers call it the "buckwheat itch." Surely here is another proving, and, therefore, it must be

* From the *Journal of the American Institute of Homœopathy*.

good for pruritis. But *Fagopyrum* differs just a little bit from *Dolichos*. In *Dolichos* the itching seems to be worse in the afternoon, especially so about the elbows and knees. Then again the hairy portions of the body seem to itch more. In *Fagopyrum* the itching is always aggravated and made worse by scratching, whereas in *Dolichos* it seems temporarily at least, to be relieved. In *Fagopyrum* we usually have here and there red blotches which at times seem to have the sensation of soreness.

Now we can do much to assist both of these splendid remedies from the standpoint of topical application. Our good old friend, *Calamine* lotion, especially where the skin is not dry and harsh and does not show atrophic changes, answers splendidly. Its combination is as follows : *Pulv. calamine*, *Zinc oxide*, *Boric acid*, *Glycerine*, of each two drachms ; *Phenol*, beginning with one-half per cent. in mild cases and gradually increasing one-quarter per cent. at a time until one to one and a half per cent. has been reached ; it always being advisable to begin low with the use of antipruritics in the treatment of pruritis. To the above mentioned ingredients eight ounces of lime water are to be added, and this is to be dabbed upon our affected parts every hour or two or as often as is necessary to control the intense itching.

Occasionally, it is of advantage to alternate in the use of the anti-pruritic ; for instance, one time *Menthol* may be used, again beginning as low as one-half per cent., and gradually increasing, and then the next day alternating with *Phenol*. We must be particularly careful, however, not to use *Menthol* as an anti-pruritic over widespread areas in the aged because of the intensely chilly sensation which is apt to follow and is quite distressing to the patient.

Calamine lotion, however, is not of as much service as a topical application in those whose skin is dry and harsh and shrivelled as is the emulsion of olive oil, which has never been known to fail in its action in these types of senile pruritis. Its combination is as follows : *Bismuth subnitrate*, *Zinc oxide*, *Boric acid*, *Glycerine*, of each one drachm ; *Lanolin*, four drachms ;

Phenol, one-half to one per cent. or more if necessary, and equal parts of olive oil and lime water to make eight fluid ounces. The best results are to be obtained with this emulsion by having it gently massaged into the affected parts three or four times daily, and once or twice during the night if necessary to insure a good night's sleep.

Now it has been known occasionally that the *Lanolin* which is contained in this preparation (which is used to cause it to emulsify) will irritate some skins. In such cases, gum arabic or Iceland moss must be used as an emulsifier.

There are other things which we can as well do in attempting to assist the indicated remedy in the treatment of this condition, and that is to put the patient upon a five day rice diet, especially when the patient is not too feeble to withstand it. By a five day rice diet, I mean that the patient shall be put upon boiled rice three times daily with two or three slices of buttered toast, and possibly a cup of weak tea for five days with nothing else to eat in the interim except possibly a small amount of stewed fruit without sugar.

The patient is, as well, to drink copiously of soft or distilled water—ten or twelve glasses a day—which, being soft and pure water, having been robbed of its mineral properties in the process of boiling or distillation, readily assists in the removal of bodily toxins.

Then try *Dolichos* and *Fagopyrum* where they are indicated in your cases of senile pruritis together with the topical and further internal treatment mentioned, and see what splendid results you cannot help but get.

TUBERCULIN BY MOUTH.*

Dr. Myer Solis Cohen, of Philadelphia, has an article in the *Medical Record* for September 20th, entitled "The Administration of Tuberculin by the General Practitioner." Dr. Cohen is a firm believer in the efficacy of *Tuberculin* in tuberculosis, and believes it ought to come into more general use. He believes the

* From the *North American Journal of Homœopathy*.

remedy to be just as useful given by mouth as by injection.

Next, patients with high temperature and rapid pulse after prolonged rest should not take it because it may start up a violent reaction, or it may start the patient on the downward path.

The patient should be carefully watched and the temperature and pulse recorded every few hours, for several days before *Tuberculin* is used.

Finally, the initial dose should not be more than one millionth of a milligram, it may be as little as one billionth—the 6x to the 9x potency of homœopathy.

Then the writer says :

"The next important thing to observe is and question the patient closely for signs and symptoms of a reaction, both on the day *Tuberculin* is given, and on the succeeding day, and also during the intervening days until the next dose. Every patient on *Tuberculin* should keep a temperature record. Reactions naturally vary in degree, but any of the following signs and symptoms occurring on the day *Tuberculin* is given, or on the following day are to be regarded as evidences of re-action, no matter what other explanation presents itself : Any rise of temperature above the curve of the previous few days, râles over the pulmonary lesion that were not present before, any loss or diminution in appetite, the appearance of or an increase in headache, however slight, the appearance of, or an increase in malaise, however slight, any increase in cough or expectoration, or hæmoptysis, the appearance of blood in sputum that had immediately previously been free from it, the occurrence of or an increase in weakness, or tire, no matter how slight, the appearance of or an increase in pain or ache in the chest or anywhere in the body, sleeplessness or an increase of insomnia, nausea, loss of weight in a patient who had been gaining or whose weight had been stationary, hoarseness or increase in hoarseness, aggravation of an aphonia, and any new symptom or sign or any aggravation of any existing symptom or sign occurring on the day the dose was given or on the following day. When the *Tuberculin* is given hypodermically, any marked redness, œdema

or pain at the site of the injection may be regarded as evidence of a reaction.

"The interval between doses should at first be five to seven days. In careful hands after the first few doses an interval of three days may be allowed. To patients at work I usually give *Tuberculin* every Sunday morning so they can rest should a slight reaction occur."

The dose should not be increased if it seems to do good. If there is a decided reaction, wait at least a week and then give a much smaller dose, one one-hundredth of the preceding one.

This is the most careful and detailed statement of the use of *Tuberculin* that has come to the reviewer's notice. The directions are explicit and can be carried out by any one. If there is virtue in the treatment, the homœopathic physician should be able to find it out, for surely the dose and frequency of repetition is familiar to him.

REVIEWS.

DR. BLACKWOOD'S NEW BOOK.*

DR. BLACKWOOD is known for a voluminous writer, and this is the sixth and final part of his system of Internal Medicine. The aim is to give a very concise but sufficient account of each disease, and of certain symptoms of disease (*e.g.*, hæmaturia) which are striking enough to stand out, and then an equally concise outline of treatment. On the whole, we think the book most likely to be of use as a guide to treatment, but there is great variation in different sections as to the space given to remedies. Sometimes the indications are clear and precise, and valuable, from calling attention to the lesser used drugs, at other times the

* *Diseases of the Kidneys and Nervous System.* By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicine in the Hahnemann Medical College, Chicago. Author of *A Manual of Materia Medica, Therapeutics and Pharmacology*, etc. 346 pages. Cloth, 7s. 6d. (Philadelphia): Boericke & Tafel, 1913. London: Homœopathic Publishing Company)

reader is merely advised to study A, B, or C, out of a list of remedies. We confess we should have preferred more details of symptomatology, but in saying this, we are really paying a tribute to Dr. Blackwood's clearness, which is such as to make us grudge having less of it than we might.

DR. CAMMIDGE ON FÆCES EXAMINATION.*

THE reputation of Dr. Cammidge as our expert in examination of excreta spreads far beyond our own country. It is enough for a book to bear his name, to obtain for it a careful reading and an assurance of profitable contents. This volume embodies much original research and also the results of much German work by Hecht and Schmidt and Strasburgen. It may be taken as the last word for the present in this field : and the field is one whose tilling is of great importance. Daily the expert examinations of excreta throw light on problems of diagnosis and treatment, and after a period of comparative neglect, the examination of the fæces is becoming a measure of great importance. Whoever requires guidance in this work will find it here, but those too, who must rely on the expert for reports should still read this book in order rightly to conclude from such reports as they may receive. After a detailed description of methods of examination, chapters are added on diagnosis and treatment, and these are some of the most valuable portions of the book. It remains to add that it is well printed and admirably illustrated.

CORRESPONDENCE.

[TO THE EDITOR OF THE "HOMOEOPATHIC WORLD."]

DEAR SIR.—It was the gift (to me by a patient) of the Pocket Medicine Case of the late Dr. Garth Wilkinson, that suggested the idea that the time had now come for establishing a museum of objects which

* *The Fæces of Children and Adults: their Examination and Diagnostic Significance, with Indications for Treatment.* By J. P. Cammidge, M.D. (Bristol: John Wright & Sons, Ltd.) 17s. 6d.

are and will always be of the greatest interest to homœopaths.

There are, at the present time, scattered about the country, many such relics of our great men who are now passed away. When the late Dr. Dudgeon's library was disposed of, I remember, several of his sphygmographic tracings in a frame; and no doubt the sphygmograph he invented and used is somewhere also. When at the Liverpool Congress last year, I had the pleasure of meeting a gentleman who told me he had several of Hahnemann's relics, and some of our readers will recall seeing the collection of Hahnemann relics, which were kindly lent to one of our congresses, by Dr. Süss-Hahnemann.

Unless treasures of this description are carefully housed, under some responsible custodians, they tend to be scattered and lost, because in the course of time they pass into the hands of those who do not appreciate their value.

Now, there is no more suitable body for assuming this responsibility than the British Homœopathic Association. At Chalmers House, there is ample accommodation for the nucleus of such a museum, which could be described in a catalogue and placed under the care of the Secretary. It would be an additional attraction to visitors to Chalmers House, and no doubt when it became known, many private collectors would be induced to give or loan their treasures, so that the whole body of Homœopathy might share in the interest, for they would have the satisfaction of knowing these things were being carefully preserved, and would be safely handed down to posterity.

I hope to bring forward a proposal to this effect at the forthcoming annual meeting of the British Homœopathic Association. And it would greatly assist me, if any who happen to have any objects of interest of this nature, would intimate their willingness to contribute for such a purpose.

Believe me, dear Sir,
Yours faithfully,
J. ROBERSON DAY.

JN RE TRITURATION.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR.—On page 7 of the current *HOMŒOPATHIC WORLD*, you made a quotation which, I think, wants one or two dates added.

The quotation should have said "December 9th, 1909," as being the date of the meeting of the New York Academy of Medicine. As it reads now, it appears to have taken place last December.

I found the original mention of the paper in an American publication, and I made use of it by sending it to the *Anti-Vivisection Review* for an article I was asked to write, which was to demonstrate that there was no danger in testing any drug on the human being —however poisonous the crude substance might be, or might probably be (if the substance was at the time unknown to the would-be "provers.") (September to October, 1912, issue).

This fact was proved to the readers of that journal, by explaining the homœopathic method of "drug subdivision" prior to human experimentation, and, if necessary, working up to stronger dosage from say the tenth or sixth decimal potency, the drug having been carefully triturated up to that degree before any test was made.

And the quotation was given the *Anti-Vivisection Review*, to prove our contention, observed by and handed down from Hahnemann himself, that a "potency could be imparted to any drug substance by sufficient *trituration*," even if the substance were absolutely *inert* when in its original form!

I also sent this quotation from the records of the New York Academy of Medicine, December, 1909, to the *Medical Century* of New York, as it had escaped the attention of even that "live journal" which hails from the same "village" (New York). It appeared in that journal in March or April, 1912.

My remarks were that whilst the orthodox school were not in the least trying to prove the correctness of Hahnemann's work, they had done so nevertheless, and that they had brought the microscope into court

to substantiate the "evidence." This fact wants well noting by all our journals !

The purpose of the article in the *Anti-Vivisection Review*, was to show certain evidence I had collected in the homœopathic treatment of goître, etc.

Thanking you for correcting the actual dates herein,
I remain,

Yours sincerely,

January 16th, 1914.

E. PETRIE HOYLE.

VARIETIES.

J. H. McCLELLAND'S SURGICAL THERAPEUTICS.—The standing orders that as a rule govern his hospital practice in serious post-operative cases :

Camphor.—When the patient comes down from the operating room she (or he) receives three doses of *Camphor* ix three drops, at intervals of fifteen minutes, provided there is subtemperature and the blood pressure is low.

Veratrum Album.—If reaction is not prompt the *camphor* is followed by *veratrum album* 3x, three drops every hour or half hour until the temperature reaches normal. This is particularly called for by the usual symptoms of cold sweat, etc.

Cuprum Arsenicosum.—When the temperature reaches normal and nausea and vomiting develop with thirst and pain, *Cuprum ars.* 6x is given three drops hourly until relieved.

Nux vomica.—If there is simply nausea and disgust for food as a result of the anesthetic, *Nux vomica* 3x is given hourly until relief.

If nausea continues unduly, choice is made from the following : *Apomorphia* 3tr., *Ipec.* 3x, or *Tart. emet.* 6x.

Arnica.—For trauma. If there has been undue handling of tissues, as in abdominal cases at times, great relief from the ensuing soreness is obtained from the exhibition of *Arnica* 3 to 6 two or three hourly, and I have been led to believe we may thus avoid further trouble.

Belladonna.—After operations there is at times a reactionary temperature, with great tenderness in and about the part, with flushed face, headache, etc., then *Belladonna* brings great relief.

Bryonia.—If the tenderness is not quite so acute, but there is much soreness locally and all over, with coated tongue and thirst, *Bryonia* is very effective.

Peritonitis or pleuritic invasion is often cleared up by the use of *bryonia*.

Not infrequently dysuria follows an operation, especially an abdominal one, and is often relieved by *Hyoscyamus*; or, if there

is anuria, *Canth.* or *Terebinth*, according to their well-known indications.

A most troublesome complication after abdominal operations is flatulence or meteorism. *Raphanus* is an excellent remedy, but there are many others. *Nux vomica* ix will sometimes cause expulsion of the gas, but we have *Magnes.*, *Phos.*, *Colo.*, *Asaf.* and many others.

For a general febrile condition we have the old tried remedies, such as *Aconite*, *Ferrum phos.*, etc.

For septic absorption, with churchspire temperature chart, much can be gained by the use of *Chin. ars.*, 3tr. three grains every two hours.

For phlebitis, the sheet anchor, I believe, is *Hamamelis* internally and externally—a case may require *Bell.*, *Puls.*, *Rhus.*, or *Lachesis*, according to indications.

It goes without saying that, as homœopathic practitioners, we may call into service any remedy in the *materia medica* for which we have clearly defined indications.—*Hahnemannian Monthly*.

CHOLECYSTITIS AND CHOLELITHIASIS IN PREGNANCY.—Though it is generally recognised that cholecystitis and cholelithiasis, like appendicitis, may complicate pregnancy and the puerperium, little is said on the subject in the text-books. However, an American writer, De Lee, says, in his recent "Principles and Practice of Obstetrics": "It seems that pregnancy is a factor in the development of gall-stones, and attacks of biliary colic are not rare in the gravida. These seldom occur before the fifth month. Labour may cause pain in the full gall-bladder." In *Surgery, Obstetrics, and Gynecology* for July, 1910, Peterson published an exhaustive paper on the subject. He reported a case of obstructive cholelithiasis in a multipara six months pregnant which proved fatal from post-operative haemorrhage. He collected from literature twenty-four cases of gall-stones complicating pregnancy and ten complicating the puerperium. In the *Boston Medical and Surgical Journal* of May 8th, 1913, Dr. R. M. Green has reported the following cases: A woman, aged 22, had been married three years, during which time she had one miscarriage and one labour at term. In August, 1911, she again became pregnant. On November 4th a slight bloody discharge from the vagina began and continued till the 14th, when profuse bleeding and expulsion of a three-months foetus occurred. When seen on the morning of November 15th she was still bleeding but was not exsanguine. The pulse was 108 and the temperature 100°F. The placenta was protruding from the os. Under ether the cervix was dilated and a large amount of placental tissue removed. After the operation the temperature did not fall and she complained of general abdominal pain. An intra-uterine douche was given, and the temperature was normal on the 18th; but on the 19th there were acute pains in the right upper quadrant of the abdomen, considerable tenderness, and muscular spasm and nausea. On the 20th these symptoms continued and the temperature rose to 100°. She was slightly

jaundiced and there was a trace of bile in the urine. On the 21st the pain and fever had subsided, but the tenderness and spasm continued, and the leucocytes numbered 17,600. On interrogation she acknowledged that she had had similar attacks of pain before, but less severe. Convalescence proceeded till the 26th, when a second attack of pain occurred, and a third, but less severe, occurred on the 30th. Each lasted about three days. The physical signs in each attack were the same. Intercurrent cholecystitis was diagnosed. On December 7th a high right rectus incision was made. The common bile-duct was palpated, but no stone was felt. The gall-bladder was somewhat thickened and surrounded by a few slight adhesions. It was opened, and an ounce of thick, dark bile escaped. This yielded a pure culture of staphylococci. The gall-bladder was stitched to the peritoneum at the upper angle of the wound and drained. Recovery was uninterrupted. In the second case the patient was a negress, aged 38. She had been married seven years, during which two normal labours occurred. Menstruation ceased on June 20th, 1911. On November 14th a slight bloody discharge began and became profuse on the 17th, when a four months foetus was expelled. Some dark bloody discharge continued. When first seen on the 29th the temperature was 100°. The vaginal fornices were tender, but no masses were felt. Under ether the os was dilated, and some tissue was removed with the curette, which the pathologist pronounced inflammatory. The temperature remained 100°, which was attributed to bronchitis which had developed. She complained of headache and had profuse diarrhoea. There was moderate typmanites. On December 25th a severe attack of pain in the right upper quadrant occurred requiring administration of morphine. There were marked tenderness and spasm in the region of the gall-bladder. The pain subsided, but on December 7th the temperature rose to 101.8°, and the conjunctiva became jaundiced. On the 10th the pain recurred, and a rounded tense mass was felt projecting below the right costal border. Acute cholecystitis, probably associated with obstruction from a calculus, was diagnosed. On operation the gall-bladder was found tense and purplish. On opening it two ounces of colourless cloudy tenacious mucus escaped. On culture this yielded a pure growth of the colon bacillus. In the opening of the cystic duct was a greyish-yellow calculus. The operation was completed as in the previous case and recovery ensued. Dr. Green draws the following conclusions: (1) There seems to be a definite causal association of cholecystitis and cholelithiasis with pregnancy; (2) symptoms due to either of these conditions may occur during pregnancy or the puerperium; (3) gall-bladder disease is not a cause of miscarriage, but the latter may induce the development of active symptoms; and (4) surgical treatment is indicated.—*The Lancet*.

MERCURIUS VIVUS.—Acute or chronic abscess. Too profuse suppuration, Pains worse at night in warm bed. Easy sweating Abscess of salivary glands.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,
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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

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|--|--|
| Bennett (R. Allan). Plain Rules for the Use of Tuberculin. 8vo., pp. 480. (Simpkin. Net 2s. 6d.) | Halliburton (W. D.). The Essentials of Chemical Physiology. 8th edition. 8vo., pp. 334. (Longmans. Net 5s.) |
| Cammidge (P. J.). The Fæces of Children and Adults: their examination and diagnostic significance, with indications for treatment. 8vo., pp. 524. (Simpkin. Net 17s. 6d.) | Herschell (George) and Abrahams (Adolphe). Chronic Colitis: Its Causation, Diagnosis and Treatment. 8vo. (Longmans. Net 6s.) |
| Chisholm (Catherine). The Medical Inspection of Girls in Secondary Schools. Cr. 8vo., pp. 220. (Longmans. 3s. 6d.) | Leftwich (Ralph W.). A Pocket-Book of Treatment. 2nd edition, revised. Cr. 8vo., pp. 356. (E. Arnold. Net 6s.) |
| Cleather (A. L.) and Clump (B.). Lohengrin and Parsifal. Described and interpreted in accordance with Wagner's own writings. 2nd edition, re-written and enlarged. 12mo, pp. 160. (Methuen. 2s. 6d.) | Luke (Thomas D.) and Forbes (Norman Hay). National Therapy. A Manual of Physio-Therapeutics and Climatology. Illustrated. New edition. 8vo., pp. 332. (Simpkin. Net 5s.) |
| Davidson (Gladys). Stories from the Operas. Illustrated. Cr. 8vo., pp. xiv.—559. (Laurie. Net 6s.) | Medical Directory (The), 1914. Royal 8vo (Churchill. Net 15s.). |
| Dempster (H. Hawkins.). Explanatory Lectures for Nurses and their Teachers. 8vo., pp. 236. (Simpkin. Net 3s. 6d.) | Middlesex Hospital ; Archives. Clinical Series, No. 13. 8vo., swd. (Macmillan. Net 5s.) |
| Elliott (J. S.). Outlines of Greek and Roman Medicine. 8vo. (Bale. Net 7s. 6d.) | Miller (James). Practical Pathology, including Morbid Anatomy and Post Mortem Technique. Cr. 8vo., pp. 460. (Black. Net 7s. 6d.) |
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| | Vedder (E. B.). Beriberi. 8vo. (Bale. Net 18s.) |

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Mr. Cazon, London—Dr. Barlee, Tunbridge Wells—Dr. Lagarde, Paris—Dr. R. Day, London—General A. Phelps, Birmingham—Dr. E. P. Hoyle, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathie.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Om̄opathie in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals

de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophilist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Frän Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—La Visage: Lagarde.—The Fæces of Children and Adults: Cammidge.—Diseases of the Kidneys: Blackwood.

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THE
HOMŒOPATHIC WORLD.

MARCH 2, 1914.

PROPAGANDIST ACTIVITY IN AMERICA.

THE American Institute of Homœopathy is making energetic efforts to organize the followers of Hahnemann in the United States into a body of such strength as shall compel the recognition and respect of possible opponents. There are many serious problems before Homœopathy, in America as elsewhere, but it is quite certain that nothing can help so much towards a satisfactory solution of them, as a strong central representative body, whose leaders can feel that they have behind them the goodwill and intelligent enthusiasm of all their electorate. There are 15,000 homœopathic physicians in the States, but not more than one third are members of the A.I.H., and we can sympathize heartily with the intention of our colleagues, Dr. De Witt G. Wilcox, the President, and his council, to amend that state of affairs. Dr. C. E. Sawyer is acting as general manager in the campaign which is being planned in order to give homœopathists a sense, both of their own strength, and the power to be gained by combination. His meetings include addresses to general as well as to professional audiences. All of us here will join in wishing our American Colleagues a splendid reward for their labours at the next Institute meeting.

NEWS AND NOTES.

HOMŒOPATHY AT GUYS.

ON February 5th, Mr. Knox Shaw and Dr. C. E. Wheeler by special invitation addressed the members of the Guy's Physical Society (the oldest Student's Society in London) on the subject of Homœopathy. A large audience listened with close attention for more than an hour to the efforts of the speakers to explain the nature of Homœopathy, to clear away misconceptions regarding it, and to support its thesis by other than clinical evidence. The subsequent discussion was naturally critical but eminently courteous and not in the least unfriendly. The occasion was a notable one as marking the difference in the present status of Homœopathy from that of twenty or even ten years ago, and we can only hope that some seed was sown that may bear good fruit. Of the kindness and courtesy of the officials of the Society, it would be impossible to speak too strongly.

A VACANCY AT LEAMINGTON.

THE much regretted death of Dr. Murray Moore, (of whose life a brief account will be found elsewhere), leaves a vacancy in the important centre of Leamington. We know only too well how impossible it is to supply doctors for all the openings that there are up and down the country, but Leamington seems to offer an exceptionally good field, and a man who could take up work there at once would have the advantage of a thorough introduction by Mrs. Moore to Dr. Moore's patients. We trust that someone will be found to grasp this opportunity.

PHELLANDRIUM AQUATICUM.

THIS remedy is indicated in persons of a feeble, irritable, lymphatic constitution, with weak and defective reaction, who suffer from a chronic bronchial catarrh, with more or less profuse expectoration. The cough returns and increases during the cold seasons of the year, and only abates upon the return of warm weather; it continues for an hour or more, early in

the morning, and is accompanied by dyspnœa and prostration ; the cough at night is not relieved by sitting up. The secondary changes, as emphysema and dilatation of the right heart, have often taken place. There are coarse râles ; the respirations are short ; cough continues at times, day and night ; there being great thirst with loss of appetite and sleeplessness. It should be studied during the last stage of pulmonary tuberculosis, when the expectoration is very offensive.

—*Blackwood.*

A TUTORIAL CLASS IN REPERTORY WORK.

WE hear with interest that a class is being formed for this purpose, to meet at the London Homœopathic Hospital on Fridays, at 5 p.m. The tutor is to be Dr. Borland (and we can think of no better man), and full particulars can be obtained from Mr. E. A. Attwood, at the Hospital.

TUBERCULOSIS IN ENGLAND AND WALES.—The tuberculosis returns show a formidable amount of the disease in England and Wales. Notification has naturally led to the disclosure of a large number of cases, the existence of which formerly could only be estimated roughly by a consideration of the mortality returns. During the year 1912 a total of 110,708 cases of pulmonary tuberculosis were notified in England and Wales, and of these no less than 33,392 were in London. So far as actual deaths were concerned, in England and Wales there were in 1911 (the latest year for which returns are available) 39,232 from pulmonary and 13,888 from other forms of tuberculosis. These figures show the magnitude of the task that lies before the sanatoria in ridding the State of this particular pestilence. They emphasize, moreover, the necessity of some comprehensive system—such as that provided by the National Insurance Act—for special sanatoria in which sufferers from the malady in an active form may be segregated. From an economic point of view, the loss to the community from this disease is enormous. It means that many valuable lives are lost. Many years of productive labour are lost ; and the burden of the support of many invalids is cast upon the community. Now that some sort of control is exercised over tuberculous meat and milk, there is a reasonable prospect that the scientific preventive measures now adopted in the case of human tuberculosis may result in the practical extermination of the latter within the present generation. Much remains to be done, however, before that happy consummation is attained.—*The Medical Press.*

ORIGINAL COMMUNICATIONS.

INTELLECTUAL DIFFICULTIES OF HOMŒOPATHY :

AN ANALYSIS OF DR. NEATBY'S AND THE REV.
G. C. OTTLEY'S REMARKS.

BY THE REV. E. E. IUNGERICH.

[Our readers will remember that we published Dr. T. M. Neatby's reply to the Rev. Mr. Iungerich's first paper. To this reply came the answer that follows here, and after that a further paper by Dr. Neatby. We have much pleasure in reprinting both from the *New Church Quarterly*, as they deserve as wide a circulation as possible.—Ed. H.W.]

THE major part of Dr. Neatby's paper is concerned with the minor "practical" difficulties which I set forth in a brief manner. In reply to my three main objections, I find there is very little advanced by him.

The "Problem of Absorption" he declines to discuss on the ground of unfamiliarity with Swedenborg.

The "Fallacy of Infinite Divisibility" he dismisses with the cryptic stricture that to accuse Hahnemann of this instead of construing him to mean "Indefinite Divisibility" is to be guilty of a dull literalism. Now it cannot have escaped the notice of Dr. Neatby that from ancient times there have existed two rival theories of matter, and that these were called the "Atomic Theory" and the "Theory of Infinite Divisibility." I have raised as an objection to Homœopathy that its theory of infinitesimals or "high potency" is intermingled with the fallacy of infinite divisibility. My reading of the *Organon* and of Bradford's *Life of Hahnemann*, though undoubtedly less thorough than the study Dr. Neatby has made of them, have strengthened me in this view. But if anyone can show me that Hahnemann favoured the atomic theory, or denied the theory of infinite divisibility, I shall be glad and ready to make acknowledgment. Let me add, in passing, that I regard this association of "high potency" with the fallacy of infinite divisibility as less of a stricture on Hahnemann than as a danger to the thought processes of his modern disciples, who so easily assent to the use of potencies numbered by the thou-

sands, hundred thousands, and millions, as something reasonable and quite within the bounds of common sense.

To the "Improbability of Dissociation by Shaking," Dr. Neatby replies, (1) by intimating that the homœopath is more concerned with the fact, acknowledged by him, that his triturations yield the results he expects, than with some philosophic explanation, desirable though this be, of how such results could be expected to occur; and (2) by alluding to the phenomenon of osmosis in dilute solutions as evidence that dissociation into ions can occur easily and normally in a solution.

I would observe, with regard to his first point, that if the administration of "high potency" is not in conformity with any known rational philosophy, but depends for its sanction on the conclusion that occasional cures that follow are due to it, then it rests as yet on no surer basis than Christian Science, or any of the various patent remedies. With regard to the phenomenon of osmosis, Dr. Neatby makes the important admission that this only occurs within limits of dilution. There would be none in any solution approximating in dilution to a "high potency." In fact, it would no longer be discoverable in so extremely low a potency as the $6x$, in which one part of mother tincture is diluted with a million times its volume of solvent. So if the phenomenon he adduced to suggest the possibility of ionization in solution, disappears at the $6x$ potency, where then, according to this hypothesis, can he find comfort for believing there is some evolute of his drug in vastly higher potencies? Besides, osmosis, and the so-called ionization, are found only with inorganic substances in solution, and *not* with organic ones as are nearly all drugs. The authority Dr. Neatby cites, explains osmosis as due to ionization. This explanation may be seriously questioned in the light of Swedenborg's "metaphysics," from which I am led to suppose that the substance is not dissociated into ions in a moderately dilute solution, but forms a coating about the interstitial ether, and that this is what gives rise to the osmotic pressure. In a more dilute solution this pressure would diminish on account

of decrease of substance. In a concentrated solution, this pressure would also disappear, for then the substance would clog the interstices.

From Dr. Neatby's remarks (1) that the theory of infinitesimals forms no integral part of Hahnemann's system, and (2) that most homœopaths would be satisfied with the admission of the efficacy of potencies below the 19th, I conclude that he is himself somewhat sceptical about higher potencies, and that this may be why so little is advanced against my three main contentions, which have "high potency" in view, and why he lays greater stress on replying to the "practical" difficulties.

In considering this part of his reply, I notice he has misunderstood the meaning I intended to convey by the word "practical." What I mean is "in practice." I do not gainsay that many homœopathic institutions have bacteriological laboratories, or do encourage their students to become eclectic and use up-to-date methods of diagnosis. I say, however, that homœopathic doctors, and especially "high potency" prescribers, make little use in their general practice of any evidence save the subjective testimony of the relatively ignorant patient. As diagnosticians the homœopaths are behind other practitioners. I regard this as possibly due to an over reliance on their correlation of symptom and drug. Another effect of this prepossession of the hypothesis of similars, is the undervaluing of positive methods, also mentioned in my paper. It is only lately that I was discussing with a recent graduate of a homœopathic college about a sore which had come from improper nutrition. The child who had it was being treated by "high potency," and without any correction of the nutrition. The graduate told me that, according to the theory, the remedy was expected to effect the cure, independently of any change in the food.

While on the subject of diagnosis, I would like to refer Dr. Neatby to papers by the late Dr. J. P. Arnold in the *Medical News* (New York) of March 18th, 1905; and the *International Medical Magazine* of July and August, 1903. Dr. Arnold was part founder of the school which drew me away from Homœopathy.

These articles show the importance of diagnosis from the muscles of the back, and of regulation of the vaso-motor mechanisms.

I do not attach any more value to my limited experience in Homœopathy than Dr. Neatby does to that of his mythical Mr. X. I only wished to point out that all experience is not one way. There is no doubt that some doctors, mainly between 1830 and 1860, shed allopathy for Homœopathy. But, in more recent years, the trend of conversions, or lapses, is distinctly the other way.

Dr. Neatby cites *Belladonna* as a drug, causing symptoms similar to those arising from another cause. The same may also be said of *Mercury*. Yet, though he deplores my appeal to the preponderant opinion of the medical world against the similarity of symptoms from drugs with those from other causes, he yet virtually agrees with it when he admits that in the case of other drugs there is greater and greater divergence. Dr. Neatby arraigns the "orthodox" medical world as unfair and intolerant towards Homœopathy, and yet cites the case of Listerine against which it had initially just as great a repugnance and which it subsequently endorsed. One might suggest that perhaps the fault lay not so much in the intolerance of the medical world as in the untenability of Homœopathy. There are fair-minded men and institutions who will give any doctor who desires to demonstrate his special therapy, full facilities to demonstrate it, and a fair hearing.

While on this subject, I should like to suggest a fair way in which the claims of Homœopathy could be tested. I see no difficulty in the way of admitting that potencies as high as $40x$ might contain sufficient drug to act on such a supersensitive organism as the body. But it seems highly chimerical to ascribe effects to potencies numbered by the thousands, hundred thousands, and millions. Although much is asserted about the striking effects of these "high potencies," I would be content to see a demonstration of no higher potency than $60x$ according to the following plan:—

Let any competent homœopath make, in my

presence, from ten of his most diversely acting drugs, ten separate $60x$ solutions, and put these in carefully labelled bottles. In the company of an arbiter of unquestioned integrity, and who would not divulge anything, I would then transfer the solutions to ten other bottles marked with numbers from one to ten, and put in a sealed envelope a statement as to which remedy went into each bottle. The homœopath would then have to demonstrate his ability to analyse the contents of each bottle. His tests could be chemical as well as by reactions on animals and human beings. He would be allowed to potentize any of these solutions still higher, if he felt that this would increase the likelihood of his getting more potent tests from it. I would regard his demonstration as to the value of $60x$ as quite successful if he could identify six out of the ten remedies. But if he should fail to identify more than one (he might by chance hit on one), it would confirm me in my present presentiment that beyond $60x$ all potencies would act alike *because they have in common the property of containing nothing but the solvent.*

In conclusion, I would like to refer to the law of cures by similars, which Dr. Neatby justly charges me with having omitted to consider in my paper. Hahnemann administered to himself some *Cinchona* bark, and got symptoms of chills and fever. He took more of the drug, and discovered that the symptoms disappeared. He then concluded that he had been cured, and also that chills and fever arising from other causes should be treated by the same remedy. A chorus of disciples applauds these conclusions as sapient and as embodying a satisfactory law of cure.

Before commenting on this, I wish to contrast here Swedenborg's reasoning under similar circumstances. In his *Diseases of the Fibre*, he describes a disease arising from the bite of the Tarantula. He suggests as a cure the serum of the Tarantula mixed with oil. He assigns as reason for expecting a cure, that the serum normally held the venom in suspension, and would be able to collect it again out of the human system. Now, at first sight, an ardent disciple might

read into these words of Swedenborg an endorsement of the law of similars ; for there is a bite by a tarantula, and a cure by means of the tarantula. But note the difference. Swedenborg does not administer venom to meet venom, but supplies the natural containant of the venom to reabsorb it from the system ; nor does he deduce from this a conclusion that the same remedy should be used for diseases from other causes. This contrast between the reasonings of Swedenborg and Hahnemann, as philosophers, should show to all that the considerations of " *similia similibus curantur*," as a law appealing to a rational philosophy, is not very convincing.

Is there anything, I may ask, in Hahnemann's experiment with the *Cinchona* bark, that is different from the ordinary experience that a drug will, because it is an intruder in the body, cause a violent excitation of the system to expel it ; and that, subsequently, if more drug is introduced, the acute symptoms will disappear simply because the reactive forces of the body have been overpowered and benumbed ? One who took the disappearance of the first set of symptoms on administration of the second dose to denote that a cure had been performed, would overlook the fact that the patient had come into a state of collapse which is much more serious, and from which only a slow convalescence could restore him.

I ask, Is the supposed efficacy of " high potency " anything more than the fact that the body which has been in a state of acute excitation from a drug or other irritant is now left to itself, and that the sum total of its vital forces enables it to rally ? Now, there are some who, from an anxious good will to ascribe a use to the " high potency," assume it to be the rallier and nourisher and upbuilder of the said vital forces, though for this the proof is rationally lacking. That which does rally, nourish, and build up the vital forces I have termed positive methods. By these I mean the supplying of proper food, drink, climate, exercise, and sleep, supplemented by systematic mechanical treatment which may have for its objects (1) to alter the tone of the nerves ; (2) to regulate the distribution

of the blood in the body, and (3) to propel a sluggish lymph stream full of injurious substances so that it may be hastened along the normal channels by which its impurities are voided, and fresh lymph may take its place.

I do not deny that drugs have the surgical property of destruction, and that this applies to the low potencies as well. If some portion of the system is diseased, it is natural to suppose than an irritant such as a drug would act more powerfully there than on the undiseased tissues possessing full resistance. There are, undoubtedly, cases where it is necessary to destroy diseased tissue, or poisonous germ proliferations, by means of a drug. I would regard this as an application of surgery to a realm of the body which could not be treated surgically in any other way.

There are two further points brought forth in Mr. Ottley's communication in the July *Quarterly*, that deserve careful attention :—

(1) He cites the teaching of *C.L.* 329 that everything can be divided and thus approach the infinite more and more nearly, as a presumption in favour of high potency. The statement in *Conjugal Love* does not, however, indicate that such division can be accomplished by human ingenuity. There remains also the grave doubt as to whether shaking in a bottle will do it. But even if we strain the imagination to the point of regarding all this as accomplished, and that we have an entity of subtlest division in the sugar of our bottle, we have still to provide a measure that will supply us with a quantity of these. One ion in a space the size of the solar system would not impinge very violently on a structure occupying only ten feet of space. It is hard to imagine an entity whose ratio to its sugar-coat is in the same proportions, doing much effective execution in the interior organics of the same structure.

(2) Mr. Ottley also thinks it possible that the triturated medicament can actually be made to enter within the simple fibres, "the quite invisible ones" of *A.C.* 5726, and act directly on the source of the inmost vitiation of the blood. In other words, the potentized remedy is raised to the degree of the

spirituous fluid, the degree of the human internal—a plane above the consciousness of man's rational mind—and then acts downwards, performing redemptions and putting into order all that is below that plane. Such a view is hand and glove with the doctrine of physical influx which *the Writings* condemn. If man, by his own ingenuity, can put a material substance through various degrees of resolution, and finally introduce its inmost essence within the simple fibres, there must be influx from exteriors to interiors. If from there it can remove the inmost vitiation of the blood, which comes from hereditary taint, and banish evil spirits who cause diseases, then the process of man's regeneration becomes merely a matter of finding the correct high potency remedy.

Diseases correspond to evils. The same laws that apply to one can, by a species of transposition, apply to others. It is a law about evils "that all evil which a man perceives with himself is in ultimates . . . and thus man can indeed reject evil of himself, but not its concupiscences" (*A.R.* 678). To reject the latter, he must look to the Lord and will to reject evil by fighting against it. Then the Lord operates from inmosts to outmosts, entering through man's soul, and purifies him. Man has evils which are derived from concupiscences, and also evils which have no interior root. There are diseases, likewise, which come from an interior vitiation of the blood, as "ulcers" (*A.R.* 678), and those which have no interior root. The diseases which man can remove by his own ingenuity in the use of medicaments, are all in ultimates. To remove the interior vitiations that are on the planes of soul, mind and animus (albeit medicaments have a cure for the latter—*Fibre*, 373), the remedies are spiritual and moral, and not physical.

The Lord, by His operation into the human body, provides that all the interior degrees in it shall resolve interior essences out of the food that is in the chyle stream (*A.E.* 1084). It is surely a strange theory that would make it possible for a man to resolve a thing to an inmost essence outside the body, and then introduce it by the body to the inmost shrines of the latter.

A REPLY BY DR. T. MILLER NEATBY.

My reply in the April number of the *New Church Quarterly* to Rev. E. E. Iungerich's article on the "Difficulties of Homœopathy" was prompted by the desire to set forth the real principles of Homœopathy rather than to set those principles on a metaphysical basis. When I accused Mr. Iungerich of a "dull literalism," I merely meant to suggest that he was construing Hahnemann's words ("to an endless extent"—Hahnemann actually qualified this phrase by the words "as it were") too much *au pied de la lettre*, as if we did not often use the word "endless" in something short of its strict meaning. But I must emphatically decline to be side-tracked into discussions of the atomic theory *versus* infinite divisibility of matter. They are quite irrelevant to the principle of Homœopathy. If I have cited any of the more wonderful discoveries of recent science, it has been in order to suggest that the old-fashioned dogmatism about the power of the infinitesimal, is, to put it mildly, extremely precarious. I cannot help feeling that Mr. Iungerich is guilty sometimes of arguing from our ignorance, which is obviously very unsafe. Thus, he urges that ionisation is "found only with *inorganic* substances in solution." But time was, not long ago, that ions were unknown and the indivisibility of the atom was an undisputed dogma of physical science. The time may be, not long hence, when some analogous phenomenon to ionisation may be discovered in connection with *organic* substances.

Mr. Iungerich remarks that "so little is advanced" against his three main contentions which had "high potency" in view, and greater stress is laid on replying to the "practical" difficulties. It is true that I thought the "practical" difficulties were more important, and that I was anxious to insist that "high potencies" were not of the essence of Homœopathy. But one may sometimes say as much in three lines as in three pages. Briefly, I leave the first of the "intellectual" difficulties ("problem of absorption") alone, for the reason stated. The second ("infinite divisibility of matter") is a man of straw of Mr. Iungerich's own erection. The third ("improbability

of dissociation by shaking") is merely an appeal to our present ignorance. I may be right, or I may be wrong; but if I am right, nothing is to be gained by writing at greater length.

I pass by Mr. Iungerich's inference that I am sceptical about the higher potencies, because it is immaterial what I believe on that point. I have merely pointed out that in my opinion the evidence adduced by Mr. Iungerich *against* the higher potencies is without weight. I am not concerned to maintain that the evidence *for* the high potencies has greater weight, more particularly as a belief in Homœopathy does not bind to a belief in the higher potencies.

I cannot agree that "homoeopathic doctors . . . make little use in their general practice of any evidence save the subjective testimony of the relatively ignorant patient." Speaking from my knowledge of this country (Great Britain) I can state with a good deal of assurance that the charge is unfounded. If "high potency" prescribers have erred in this respect (and I do not deny that they have sometimes exhibited this tendency), I can only say that they do not represent the spirit or carry out the precepts of Hahnemann. Mr. Iungerich adduces the extreme case of a child suffering from the effects of improper feeding, to whom a "high potency" was administered without any accompanying regulation of the diet. There are no doubt fools and fanatics in every body; but to charge such extreme courses, either overtly or by implication, upon the body or the system is scarcely fair. Certainly I am prepared to state categorically that such a "homœopath" is no more representative of Homœopathy than the late "Dr." Crippen.

Mr. Iungerich's remarks on the attitude of the "orthodox" medical world towards Homœopathy are "bland and childlike" in the extreme, but not, I fear, the fruit of knowledge. And yet he admits that Lister's principles ("listerine" we only know here as a mouth-wash) once encountered as much "repugnance" as did the principles of Homœopathy. Well, I urged the case of Listerism as a reason for not accepting "the preponderant testimony of the medical world."

When surgeons were not merely treating Listerism with "repugnance," but the great Lister himself with a ribald contempt and derision that Mr. Iungerich might perhaps find hard to credit, they were representing the "preponderant testimony of the medical world." But, it is urged, they reversed their verdict. Yes, and they may reverse their verdict against Homœopathy. Who shall say? And who shall measure the interval of time that must elapse between the adverse verdict and the recantation? The interval was relatively short in the case of Lister; it must be long in the case of Hahnemann. But the principle remains the same. "The preponderant testimony of the medical world" scouts one day, with the contempt of a bottomless ignorance and a willing blindness, the doctrine which to-morrow, it may be, it will hail as a deliverance of inspired wisdom. The "preponderant testimony of the medical world" finds an ample material for the dead prophet's sepulchre in the stones that it cast at him in his life-time.

I have no desire to rake up an unsavoury past, but those interested in the attitude that has been adopted by the "orthodox" towards Homœopathy will find much interesting matter in No. 6 of the Homœopathic League Tracts ("Persecutions of Homœopathy"). Though matters are in some ways, and especially in some quarters, very different now, it is at the present day scarcely possible for a homœopath to obtain the help in consultation of a member or fellow of the Royal College of Physicians. Moreover, homœopaths cannot forget that their legal status has been secured, in spite of the "orthodox" by a clause in the Medical Act of 1859, introduced by the *lay* friends of Homœopathy in the Lords and Commons.

As for "fair-minded men and institutions, who will give any doctor who desires to demonstrate his special therapy full facilities, etc., etc.," I must say, speaking for this country, that I do not think that Mr. Iungerich speaks with knowledge. The attempt to get such "facilities" has several times been made, and has proved futile. No. 11 of the Homœopathic League Tracts tells how, in 1883, when the authorities of one

of our large metropolitan hospitals determined to make a great effort to raise money in order to keep open wards that would otherwise have to be closed, Major Vaughan Morgan offered to give them £5,000 in five yearly instalments of £1,000 each, to be devoted to the maintenance of *beds* in the hospital for a fair trial of Homœopathy, and how the offer was contemptuously refused. A similar offer had been made some twenty years earlier to another large London hospital with similar results.

The fact is that the "orthodox" do not take the trouble to investigate Homœopathy. Dr. Charles Wheeler, in his "Knaves or Fools?" states that some years ago a correspondent, writing to a leading medical journal of unquestioned authority, and asking for a definition of Homœopathy or a reference to a book on the subject, was told by the editor that he knew of no book to recommend, and that without doubt the definition of Homœopathy would be found to have varied greatly from time to time. The Olympian tone of this reply is quite characteristic; the inconsistency of its second clause with the plain facts of the case is equally characteristic.

A word here about the test of a number of *6ox* dilutions that Mr. Jungerich proposes. It would no doubt sound a very fair test to anyone unacquainted with Homœopathy. The homœopath has to demonstrate his ability to analyse the contents of each of ten bottles duly numbered, which contain *6ox* potencies of ten different drugs. "His test could be chemical as well as by reactions on animals and human beings." The suggestion that his test could by any possibility be "chemical" is grotesque. In a dilution very much lower than the *6ox* it would be absolutely impossible, by the gross and crude methods of chemistry, to find a trace of the original drug. It is only the chemistry of the living body, rendered sensitive by disease, that is delicate enough to distinguish between two different *6ox* dilutions. I ought perhaps to make the reservation that some very sensitive persons may possibly, even in health, react to a dose of a *6ox* dilution. The therapeutic test, that is, the exhibition of a drug in sickness,

is the only test open to us in our present state of knowledge. A homœopath who believes in the efficacy of the *6ox* dilutions (many genuine homœopaths do not) would probably expect to identify most of the ten bottles in course of time. But it might be rather a long time. For, suppose that he has a case showing markedly the symptoms of *Sepia*, and suppose *Sepia* is in bottle 10. He cannot treat that case by going through the whole list, beginning with No. 1. He can try No. 1. He can try No. 1 and say, "No, this bottle does not contain *Sepia*." But with the responsibilities of a crucial test upon him he would decline to go further. For, suppose that No. 1 should contain *Lachesis*. *Lachesis* is an "inimical" of *Sepia*, and he would urge that he has now to deal not with a pure *Sepia* case, but with a *Sepia* case complicated by artificial *Lachesis* symptoms. Certain it is, as Hahnemann very justly maintained, that when a patient has been very much drugged, he suffers from much more than his original complaint. The homœopath on trial has by his first experiment achieved the negative result of discovering that bottle 1 is not *Sepia*. He would have to wait till he had had ten characteristic *Sepia* patients before he can spot the *Sepia* bottle. This will give some idea how tedious and extended Mr. Iungerich's proposed test might prove.

Mr. Iungerich's attempt to explain Hahnemann's famous *Cinchona* experiment is astonishing. I regret to say that his account of the experiment is not even accurate, and indeed betrays a surprising unfamiliarity with homœopathic principles. He says, "Hahnemann administered to himself some *Cinchona* bark and got symptoms of chills and fever. He took more of the drug, and discovered that the symptoms disappeared. He then concluded that he had been cured." It is not true that Hahnemann took more of the drug and then discovered that the symptoms disappeared. His own words in his footnote to a translation of Cullen's *Materia Medica* are: "All the symptoms with which I was familiar in ague appeared one after the other . . . also those particularly characteristic symptoms such as I was wont to observe in ague . . . they all put

in an appearance. This paroxysm lasted, each time, two or three hours, and came again afresh whenever I repeated the dose, but not otherwise. *I left off and became well*" (italics mine). As Mr. Iungerich's "explanation" depends upon his erroneous reading of the famous *Cinchona* experiment, it is of course fallacious. It is also, as Dominie Sampson would say, "prodigious." Mr. Iungerich, it will be remembered, says: "A drug will, because it is an intruder in the body, cause a violent excitation of the system to expel it . . . subsequently, if more drug is introduced, the acute symptoms will disappear simply because the reactive forces of the body have been overpowered and benumbed. One who took the disappearance of the first set of symptoms on administration of the second dose to denote that a cure had been performed, would overlook the fact that the patient had some into a state of collapse which is much more serious." Even assuming that it was according to the principle of Homœopathy to give to a patient suffering from drug-poisoning a further dose of the same drug (which is not the case), homœopaths would be not merely poor diagnosticians (which I am afraid Mr. Iungerich thinks they are), but arrant fools, if they mistook "a state of collapse" for a cure. The thing of course is impossible. Mr. Iungerich theorizes about "the reactive forces of the body" being "overpowered and benumbed," with a consequent "state of collapse"; but a practical acquaintance with such things would have made it impossible for him to attribute such crass ineptitude even to the least competent of the professional disciples of Hahnemann. There is something guileless about the words "which is much more serious." "More serious!" I should think so. When the reactive forces of the body are overpowered, the patient is on the point of dissolution.

It is perfectly true, as Mr. Iungerich says, that a drug, being an intruder into the body, violently excites the system to expel it. The symptoms produced by the drug are in fact an expression of the reaction of the symptoms. Hahnemann produced in himself a definite reaction by taking *Cinchona* bark. He repeated the

experiment several times. He always got the symptoms when he took his dose of bark, but not otherwise. Now the thing that struck Hahnemann was, not that he got a set of symptoms when he took *Cinchona*, nor even that he always got the same series of symptoms, but that the symptoms were curiously like the symptoms of the disease for which *Cinchona* was the accredited specific. The symptoms produced by the drug in a healthy man were similar to the symptoms experienced by the victim of ague, symptoms which were cured by the drug. Was this a pure chance? Hahnemann at once thought of *Mercury*, the effects of which had often struck him. Persons overdosed with *Mercury* (and there were many such) developed what he called "mercurial disease," and it was remarkable how much the symptoms of this artificial disease resembled those of syphilis, in the treatment of which it was traditionally used. Was this also pure chance? Might there not be some comprehensive law by which the remedy was related to the disease? It was, at least, a line worth following up. And Hahnemann did follow it up, not only with unflagging industry, but with such scientific unwillingness to generalize hastily, that it was only after six years of patient and laborious investigation that he gave his celebrated "law" to the world. *Cinchona* and *Mercury* were no "erratic blocks" in the therapeutic landscape. Herein we are confirmed by our allopathic brethren. Mr. Iungerich may not be aware of the extent to which the allopaths have borrowed our drugs. In a very useful little pamphlet, "The Permeation of Present Day Medicine by Homœopathy," the late Dr. Dyce Brown instanced as many as eighty separate remedies recommended by "orthodox" physicians for conditions to which they were distinctly homœopathic. On this Dr. Wheeler (*op. cit.*) makes the cogent comment: "If haphazard experience selects eighty remedies for certain diseases, and investigation proves that they, one and all, are capable of producing in health a condition similar to that for which empirical research recommends them, the possibility of a general law must strike the dullest mind."

For a hundred years Homœopathy has been the only "law" known in medicine. Allopaths have oscillated uncertainly between pure empiricism and pure agnosticism. But of late even they have begun to discern the operation of law in the relations of disease and cure. The "vaccine" treatment, so-called, is so popular to-day in old-school circles that it almost threatens to revolutionize their practice. And what is this treatment? The virus of a disease, isolated and modified by the processes of the bacteriological laboratory, is applied to the treatment of that disease. And what does this amount to? It amounts, as has been admitted by more than one of the most distinguished living European physicians, to substantial Homœopathy. In truth the stars in their courses are fighting for Homœopathy. Take again radium and the X-rays. Prolonged or too close exposure to these influences produces, as is now known to everybody, dermatitis (inflammation of the skin) and even malignant growth. But everybody also knows that these agents are now extensively used, in smaller dosage, for the cure of skin disease and cancer. Electricity has been found to act similarly on protoplasm in its humblest and simplest form. In a small dose it stimulates, in a large dose it depresses and destroys, the activities of the primal cell.

These and other things have entirely altered our views of the intimate processes of cure. In crediting drugs with a "surgical property of destruction" Mr. Jungerich is curiously belated. It is as much the belief of other schools as it is of the homœopathic school, that drugs do not destroy disease at all, but that they reinforce and stimulate the various defensive elements of the body-fluids, whose duty it is to render innocuous the elements of disease. In other words, drugs act not mechanically or "surgically," but dynamically. (From this it is a legitimate corollary that the old ideas of large—"surgically destructive"—dosage are quite inept.) But all this was perceived ("through a glass darkly," it is true) by the piercing insight of Hahnemann.

After all, Homœopathy does not wish to be judged

by anything but its fruits. If a medicine or a system of medicine cures, it matters nothing to the homœopath whether it fits in with any physical system or theory that the pundits of science have laid down. It is only to-day that the full scientific explanation of Hahnemann's doctrine is beginning to be perceived. Yet it would have been the height of folly to refuse to entertain or propagate the doctrine of Homœopathy merely because its full explanation tarried.

Even as I write, I have just come from a case of most severe lumbago and sciatica cured in a week with *Bryonia* administered on our homœopathic principles. I have seen these conditions treated in other ways, I may say in all sorts of ways, but I have never seen them go so quickly. "One swallow does not make a spring." But this is no mere solitary instance. It is not a case of ascribing to the homœopathic remedy "occasional cures that follow" it. We repeatedly see these things. But it may be asked, "Is there anything apart from the impressions of homœopathic physicians, derived from their every-day practice, that would help and inquirer to assess the relative advantages of allopathy and Homœopathy?" There is not space here to go into details, and I will therefore refer my readers to my own lecture, "Gleanings in the Field of Homœopathy," which appeared in the *Homœopathic World* (February, 1913), published by the Homœopathic Publishing Company, 12, Warwick Lane, E.C., in which cholera statistics and pneumonia statistics are given. The cholera statistics have a special interest because the "story" that "thereby hangs" throws a lurid light on the methods of those who feared the light, and should resolve Mr. Iungerich's doubts about the "intolerance of the medical world," and also because they led directly to the insertion in the Medical Act of 1859 of that clause which secures the status of homœopathic practitioners. When the Metropolis was last visited by cholera, there was appointed a Medical Committee of the Board of Health, as well as a Medical Inspector of the hospitals devoted to the reception of cholera cases. Under homœopathic treatment more than two-thirds recovered, under allopathic treatment

more than two-thirds died. The results of homœopathic treatment were at first suppressed by the Medical Committee, who feared the effects of such astounding facts upon the public. The Government, however, insisted upon their being produced.

Dr. Routh long ago, in his "Fallacies of Homœopathy," admitted that statistics were all in favour of Homœopathy. He admitted that in pneumonia deaths under homœopathic treatment were only 6 per cent. as contrasted with 24 per cent. under ordinary treatment ; in pleurisy as 3 to 13 ; in peritonitis as 4 to 13 ; in dysentery as 3 to 22. His explanation of this "difficulty" was, partly that homœopaths selected their cases ; partly, that their diagnosis of disease was incorrect—in other words, that they were partly knaves and partly fools.

The objection that the cures under Homœopathy are partly effects of the *vis medicatrix naturae* (that is, that nature is allowed to work her own cures unhindered), and partly effects of mental suggestion, is fully dealt with in my lecture above referred to.

I may perhaps in conclusion draw the attention of readers of the *New Church Quarterly* to the interesting fact that a new translation of Hahnemann's *Organon of the Rational Art of Healing*, with an introduction on the life and work of Hahnemann, has just appeared in Dent's "Everyman's Library." "Everyman" may now for the sum of one shilling know, if he will, for himself, just what Hahnemann believed and taught on the subject of the cure of disease.

TWO CASES OF CHRONIC ECZEMA CURED BY INJECTIONS OF ISOTONIC SEA-WATER.

By ARTHUR G. SANDBERG, M.D.

Hon. Physician to the Quinton Polyclinic, Soho, W.

THE following two cases may prove interesting on account of the length of time that the disease had existed, and also from the different treatments that had been adopted.

(1) Mrs. R. A., æt 69, a lady residing in Surrey, consulted me on June 11th, 1913.

She had been suffering from Eczema for about twelve years, affecting the chest, neck, the flexures of both elbows, and the inside of the left thigh. During the whole time that she had been troubled there were also frequent outbreaks of large boils; sometimes on the back of the neck, and sometimes on the arms or the thighs.

With the exception of the eczema, the patient had usually enjoyed good health, but for the last five years, owing to the distress occasioned by this affection, her condition generally had greatly deteriorated. There was much pruritus and insomnia, anorexia, and constipation.

Throughout her illness Mrs. A. had had a good many different kinds of treatment: allopathic, homœopathic and hydropathic. Latterly she had undergone ionic medication for about twelve months.

An injection of sea-water plasma of 20 cc. was ordered; this to be repeated in two days, and continued in gradually increasing doses, every two or three days, up to 50 cc.

On July 8th, after ten injections, the patient was much improved, and this improvement kept steadily on until the last injection of 50 cc. on August 22nd, when she reported herself as quite cured.

When seen on December 18th, Mrs. A. was keeping quite free from eczema, and there had been no return of any of the painful crops of boils. She had greatly improved in strength, the appetite was good, and the constipation and insomnia had both disappeared.

(2) Mrs. J. B., æt 53, consulted me in July, 1912, for eczema of over twenty years standing.

The eruption was chiefly on the back of the neck, the shoulders, chest, and both arms; it was intensely red, very irritable, and often moist. General and local treatment of various kinds had quite failed to relieve. In all other respects the patient was in fair health.

The treatment adopted was two injections of Isotonic sea-water, of 30 cc. weekly, for a fortnight, when the amount was increased to 50 cc. These doses

were continued until the end of August, when the patient was nearly convalescent; by October 1st she was quite well.

Mrs. J. B., continued free from any signs of eczema until June, 1913, when there was a very slight outbreak, which quickly subsided after six injections of 30 cc.; since then there has been no return of the disease.

NOTIFICATION.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR A. T. CUNNINGHAM.

Dr. A. T. Cunningham has commenced practice at *The Ferns, Southwood Lane, Highgate, N.*

ECZEMA.—A woman aged 45, was attacked in the latter part of last year with eczema of the whole head, which in a few days spread over eyes, ears and the whole face. She was treated in the town hospital by local remedies, and in ten days the cutaneous affection was removed. But as the eruption disappeared she became affected with internal uneasiness, frequent excitement, and at last delusions and delirium, so that she was transferred to a lunatic asylum, where she remained a month. Fourteen days after leaving this institution the eczema reappeared, and spread over the whole face (she could not open her eyes), the ears, the neck and part of the scalp. Thick scabs formed, under which there was a constant secretion, which caused smarting and itching to an intolerable degree. In this state she was admitted to the homœopathic hospital. No external remedies were employed; she got internally *Rhus radicans*, *Hepar sulphuris* and *Clematis*. In twenty-five days the eczema was completely gone, but she remained in the hospital another fortnight until the itching had left.—*Rabajoli, L'Omopatia in Italy.*

SULPHATE OF MORPHIA 6 DEC.—Given every hour for two weeks, produced on the third day violent pain through the eye-balls; dimness of sight; pupils not dilated, retina under-sensitive; had previously good sight, but on taking the proving was unable to read; type became blurred, even when holding the reading matter at the usual proper distance. At usual distance there was blurring and indistinctness. Medicine caused the throat to become dry and parched. There was nausea present and a fullness in the forehead. The voice became husky.

SOCIETY'S MEETING.

BRITISH HOMOEOPATHIC SOCIETY.

THE fifth meeting of the Session was held on February 5th ; Dr. Vincent Green, President, in the chair.

Interesting specimens of cases were exhibited by Drs. Hare, E. A. Neatby, Weir, and Mr. Eadie.

Dr. Spiers Alexander read a paper entitled "Some Observations on Glaucoma, and its Modern Treatment," in which Elliot's trephining operation was described and recommended. A good discussion followed, in which Drs. Powell, Bodman, Murray, Mr. Knox-Shaw and the President took part.

Dr. W. P. Purdom, of Sutton, then read his paper on "Some Interesting Clinical Cases," which proved of great practical value, and which was discussed by Drs. Jones, Day, Goldsbrough, Mr. Eadie, and the President.

The members of the Dinner Club dined as usual after the meeting, at the Holborn Restaurant.

CAUSTICUM.—A wealthy lady of the place who was a well-known sufferer from "rheumatism" and chronic bronchitis called on me one day, having heard that I used a new kind of medicine with electricity in it ; wanted me to give her "rheumatism" a trial. In answering my questions and giving me details of her case she incidentally mentioned another trouble which she said mortified her a great deal ; she added that it was hardly worth while speaking of it, for she never expected a cure for it after uselessly consulting several specialists in Quebec, Montreal, and Boston. Since seven years she could not cough, sneeze, blow her nose, nor laugh, without involuntarily passing a certain quantity of urine, and as she was a chronic cougher her clothes were wet all the time. To be brief, I gave her *Causticum* 30th, a dose to be taken every night at bed-time, and told her to return in a week. Four days later I was surprised to see her arrive beaming with joy. "Doctor, I am as dry as can be since day before yesterday ; my cough is much better and my joints have not felt so good for years." The cure held good ; her urinary trouble never returned, neither did her rheumatism ; she died eight months later of empyæma and endocarditis.—DR. J. VENIST (*Homœopathic Recorder*).

ÆSCULUS HIP.—Coughs depending on hepatic disorders with hot feeling in chest. Throat very sensitive to inspired air.

BRITISH HOMOEOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM JANUARY 16TH TO FEBRUARY
15TH, 1914.

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MEETINGS.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on February 17th.

Dr. Wheeler's fourth lecture on "the History, Theory, and Practice of Homœopathy," was given before a very full attendance at Chalmers House, on February 11th, under the title of "The Case for Homœopathy: Experimental." After emphasizing once more that the final test of any medical system must be by its clinical results, the lecturer observed that nevertheless corroboration of the homœopathic law, by the easier tests of laboratory experiment were not without interest and value. Several of such tests he proceeded to describe, most of them made by scientists, in no way connected with Homœopathy. Pursuing the line developed at the preceding lecture, as to the body's natural resistance to disease, the various forms of such resistance were briefly dealt with in relation to bacterial invasion, and the action of vaccines (analogous to the old homœopathic "nosodes") was clearly described. Examples were cited of the minuteness of dosage often adopted by allopathic adherents of the vaccine treatment, and the audience pleasantly appreciated the admission that "you could give one ten-thousandth of a milligram and still be quite orthodox." i.e., quite untainted by the heresy of homœopathic infinitesimals! A very interesting point mentioned was the confirmation by modern science of Hahnemann's claim that by trituration inert and insoluble substances could be potentised, illustrations being given from the remedial effects of *Silica* in high potencies.

The fifth (and last) lecture of the course will be given at Chalmers House, at 5 p.m., on March 11th.

RHODODENDRON CHRYSANTHEMUM.—Causes toothache and swollen gums. It effected an astonishing and immediate cure of neuralgia of the inferior and superior dental nerves. The woman in agony, sleeping only for short intervals for seven weeks; had sound molars removed and narcotics given by her regular physician without curative effect; often verified its curative powers in certain toothaches; it causes stiffness of the neck and stumps of teeth to be loosened.

ACTÆA SPICATA.—Violent pains in upper jaw, running from teeth through molar bones to temples. Perspiration on face and head.

EXTRACTS.

BEZREDKA'S SENSITIZED VACCINE.*

IMMUNITY to a given micro-organism may be produced experimentally into an animal in one of two ways. The first method is to inoculate it with a vaccine of a killed micro-organism or its products; this produces an active immunity through the stimulation to the tissues and consequent production of specific anti-bodies. This immunity, though an active one, is not permanent, as the anti-bodies slowly disappear from the serum when the stimulus is withdrawn, but it lasts for a sufficient time to protect the vaccinated animal for some months from an otherwise lethal dose of living micro-organisms of the same species as that inoculated. This method of immunisation has been much employed of late years as a prophylactic for typhoid fever, and is undoubtedly of great value, as the statistics of the British Army in India testify. The second method of producing immunity is to inject serum containing the specific antibody already elaborated by another animal in response to vaccination by the first method. In this case the immunity conferred is passive, and disappears much more rapidly than the active immunity produced by the injection of the dead organisms. The best known example of this second form of passive immunity is the anti-diphtheritic serum now universally used not only as a prophylactic, but as a therapeutic agent in actual diphtheria. The disadvantage of active immunisation is that immediately after infection there follows a period of lowered resistance known as the negative phase, and in addition to this the reaction caused by the introduction of a large dose of micro-organisms produces very unpleasant symptoms, both local and general. The disadvantages of passive immunity are that the immunity only lasts for a week or two, and also that the injection of large amounts of heterogeneous serum may give rise to unpleasant by-effects, known as serum sickness; in addition to this there is the danger of producing anaphylaxis if it

*From the Medical World.

is necessary to give more than one dose of a serum. From these facts it is clear that both these methods of producing immunity are far from being perfect, and therefore the introduction of Bezredka's method by the use of sensitized vaccines is worthy of extended trial, since he claims that the results are superior to those obtained by either of the methods just described, while the drawbacks are greatly diminished. This method is based on the discovery by Ehrlich and Morgenroth, that every cell when brought in contact with its specific antibody fixes it to the exclusion of every other substance that may be present. Making use of this principle Bezredka uses a suspension of living micro-organisms, which are brought in contact with their specific anti-serum. After being in contact for some hours the serum is got rid of and the micro-organisms are used for inoculation as a sensitized vaccine. The bodies of the bacteria thus treated are found to have attracted to themselves all the specific antibody present in the serum, and although not dead, are incapable of reproduction when injected into an animal. It is claimed that sensitized vaccines thus prepared are much less toxic than the ordinary vaccines in which the organisms are killed by heat, since the heating process does not destroy the toxicity of many micro-organisms. It is also claimed that a sensitised vaccine produces immunity much more quickly than an ordinary one, less than twenty-four hours being required; also that the immunity conferred lasts considerably longer. As an example of the diminished toxicity of a sensitized vaccine, compared with an ordinary one, Bezredka found that Haffkine's plague prophylactic, which consists of a broth culture of the plague bacillus, treated to 70° C., would kill a mouse when 1-10th cc. was injected; the same thing occurred when a heated agar culture was used, but after sensitization twenty to fifty times the dose previously lethal could be given without producing any symptoms at all. He also found that a mouse thus protected by a sensitized vaccine could be given a lethal dose of live plague bacilli within forty-eight hours after vaccination without a fatal result, and that the immunity thus

conferred lasted in mice for four or five months. Experiments have been made with other micro-organisms such as typhoid and cholera with the same results. The experiments with typhoid were of a very elaborate nature, and were carried out by a great many researches, and with all the various anti-typhoid vaccines which have been introduced, e.g., Wright's, Chantemesse's, Pfeiffer, and Kolles', as many as seventeen different varieties being experimented with. The conclusions come to were that Bezredka's sensitized vaccine was superior to any of the others from the fact that it produced no reaction, either local or general, that it did not predispose to infection in consequence of the absence of negative phase, that the immunity was produced more quickly, and lasted longer than after vaccination with any of the other preparations employed. Experiments have also been carried out with sensitized vaccines prepared from other pathogenic organisms, such as pneumococcus, streptococcus, tubercle bacillus, etc. As far as experimental evidence goes it would seem that Bezredka's vaccine is a great improvement on all others previously introduced as a prophylactic, and possibly also as a therapeutic method, but a great deal more evidence is required before any positive opinion can be expressed as to this latter action. Clinical evidence will prove whether the encouraging results of experimental work are borne out in practice.

EUCALYPTUS GLOBULUS.*

By A. L. BLACKWOOD, M.D., Chicago, Ill.

This agent is derived from the Australian Fever or Blue Gum Tree. The tree has been transplanted into many districts in tropical and semi-tropical climates to control malarious conditions, which it does partially as a result of its capability of absorbing water, and partially from the influence that it has over the development of the plasmodium malaria.

It is an antiseptic, antipyretic, haemostatic, nutrient stimulant, deodorant, disinfectant; non-poisonous and

* From *The Journal of the American Institute of Homœopathy*.

non-irritating. When taken internally, in small doses, it acts as a gentle stimulant, excites the flow of saliva and gastric juices, induces a feeling of buoyancy with increased appetite, and produces a feeling of warmth in the upper portion of the alimentary tract. The intestinal secretions are increased and the regular evacuations from the bowels are more copious and easier. In larger doses it produces irritation of the throat, with an increased flow of saliva; cephalalgia, herpetic eruptions of the skin, glandular enlargement, with indolent ulcers; in still larger doses it produces a sensation of fatigue, intoxication, with drowsiness and loss of power over the limbs. The bodily temperature is increased, the pulse is quickened, the arterial tension is increased, there is more or less gastric irritation, with a relaxed condition of the bowels, and a sense of weight and uneasiness in the epigastrium, which may assume the dignity of a real diarrhoea. The fluids and solids of the urine are increased in quantity, due to its action upon the heart and renal cells. The urine has the odour of violets. Very large doses produce a general physical depression, with drowsiness and loss of motor power in the extremities, while the skin is pale, cold and insensible, the pupils are contracted, the pulse is imperceptible, the respirations are short, jerky and interrupted. The peculiar odour of the oil is exhaled by the breath. It is eliminated by the lungs and kidneys and causes an increase in the amount of urea excreted. When applied locally, the oil is an irritant, especially if it is allowed to evaporate.

When this remedy is indicated the patient presents a picture of toxæmia, complains of a sensation of exhaustion, weakness of the extremities, chronic catarrhal condition, with weight in the bowels, chronic catarrh of the bladder; frequently the urine contains pus and is deficient in urea. The mucous membrane in general is relaxed, and there is a profuse catarrhal secretion from it. The tongue presents a pasty appearance and is badly coated, and there may be a foul odour from the mouth. There is sore throat with a foul odour, and frequently a false membrane. The broncho-pulmonic tract presents a catarrhal condition.

In malaria, it is of service in the chronic cases and mucous colitis.

It should be remembered in the megrim of plethoric subjects, especially in those who are subject to malaria, gout, and rheumatism, and in cephalgia due to malaria and other toxic conditions, especially if it is congestive in character, is followed by a rise of temperature, and there is a deficient elimination of the urinary solids.

It is indicated in acute rhinitis and coryza, when the nose seems stuffed and there is a sensation of tightness across the bridge of the nose, with dull frontal headache, and a thin watery discharge from the nares. There is irritation of the nasal mucous membrane and burning in the nasopharynx. The ethmoid and frontal sinuses may be involved, there is pain above the eyes and over the nose, and pressure over the region of the ethmoid sinus produces severe pain. It is also of service when these conditions have become chronic and the discharge from the sinuses and nares is purulent and foetid in character. In these cases it will be found serviceable by inhalation as well as internally. Its usefulness by these methods during epidemics of influenza, both as a prophylactic and disinfectant, is apparent to all that have employed it.

It is equally as beneficial in disease of the respiratory tract as laryngitis when this is attended with asthma and a profuse secretion of mucus. In cases of chronic foetid bronchitis with bronchorrhœa, bronchiectasis, and even emphysema, it should be carefully studied as well as in that most fatal condition, pulmonic gangrene. It should be remembered as an agent to be administered internally, as well as by inhalation in cases of aspiration pneumonia.

In those cases of tuberculosis in which there is a catarrhal condition of the pharynx and of the stomach present, with loss of appetite, it will be found that under its influence the catarrhal condition is corrected, the appetite returns and a general systemic improvement is noted. It reduces the amount of the expectoration, allays the cough, controls the haemorrhage, corrects the foetor and reduces the mixed infection

of the sputum. The attending dyspnoea is reduced, and all râles apart from those due to pulmonary cavities subside.

It may be administered by the intra-tracheal method or hypodermically in pulmonary tuberculosis, and locally in chronic laryngitis. It is easily applied, and is well borne, the digestion is not disturbed, and it gives uniformly good results. A mixture of five parts of oil of eucalyptus and ninety-five parts of olive oil may be used at first, while later an 8 per cent. mixture may be employed. At first, 15 minims may be used, and this increased to 45 minims. The treatment may be given daily or upon alternate days.

In chronic bronchitis of the aged and the enfeebled it is of service, especially if the patient presents a septic condition. The sputum is inclined to be foetid. There is more or less gastro-intestinal fermentation and there is defective elimination from the kidneys.

It has been a most potent remedy in advanced and chronic cases of catarrhal cystitis, when the urine is high-coloured and contains an abnormal amount of mucus and pus; urination is often extremely painful. The urine is frequently alkaline in reaction. There is a sensation as though the bladder has lost its expulsive force. A spasmodic stricture may be developed.

It is indicated in the acute nephritis that complicates the acute infectious diseases, as measles, scarlet fever, diphtheria and influenza, when the case shows sign of a septic condition. There is albumen, renal epithelial cells, hyaline casts, and blood in the urine. The urine is diminished in quantity, is of high colour, and is turbid. The total amount of urea is much diminished. It should be remembered in chronic desquamative nephritis, granular degeneration of the kidney, pyelonephritis and hydronephrosis, when the general indications for the remedy are present. It has been found curative in urethral caruncles.

It is frequently indicated in cases of septic and typhoid fever. In Australia it has been most thoroughly tested in fevers, in the hospitals, as well as private practice, and has been pronounced superior to all other remedies. There is a tendency to foulness of

the discharges, with high temperature, an accelerated pulse with but moderate tension. In typhoid and typhus fever, the temperature is reduced to 100° F. or 101° F., the discharges speedily lose their foetor, and convalescence is more rapid. The late Dr. E. M. Hale, speaking of this remedy said : " If I were confined to one remedy in the treatment of typhoid fever, I would select this one."

This remedy should be carefully studied in derangement of the stomach, cases of atonic dyspepsia and catarrhal gastritis, when there is a sensation of burning, goneness and faintness in the epigastrium as if he had eaten much, and there is a throbbing felt in the stomach which is synchronous with the beats of the heart. The digestion is slow and is attended with gaseous distension and eructations. Chronic gastric ulcers are greatly benefited by it. It corrects the acidity, prevents necrosis of the tissue and promotes healing of the ulcer.

When we remember the action of this remedy, it is to be expected that it will have a most positive action in cases of diarrhoea when the stools are thin and watery, and are preceded by sharp pains and aching in the lower part of the bowels ; also in cases of chronic diarrhoea and dysentery, when stools consist of much mucus and blood, also in cases of typhoid and dysenteric diarrhoea. There is a sensation of great heat in the rectum with tenesmus, marked prostration, haemorrhages and foetor of the stools.

It should be remembered in those cases of pseudo-leukæmia that are dependent upon a chronic malarial infection.

It is astonishing that this remedy has not found a greater use in the management of scarlet fever and its prevention. An Australian observer states : " If administered before the advent of the disease, it will protect the most susceptible, even if exposed, and in the relief when administered in well developed cases, it not only allays the disease but prevents its dissemination. If given early there is an arrest of the eruption. It controls the angina, and speedily reduces the enlarged cervical glands, and modifies the temperature. If albumen is present in the urine, it speedily

subsides. When this remedy is indicated in these cases it should be taken internally, and the oil placed upon objects about the patient for inhalation."

Both the oil and eucalyptol are highly serviceable in cases of puerperal sepsis. It should be introduced into the cavity of the uterus by means of absorbent cotton, fresh tampons should be applied from time to time, and the treatment continued for two or three days following the disappearance of the fever. Following the application there is soon a subsidence of the local phenomena and particularly of the fever. It excites a hyperleucocytosis that is destructive to bacteria, and yet does not produce any toxic effects.

The influence of the oil as an agent in the controlling of pyorrhœa has been long recognized. When the teeth have been cleaned, its application to the gums not only controls the development of the pyogenic bacteria, but stimulates the local cells.

The eucalyptus has been employed locally to prevent sepsis following extensive burns; eucalyptus oil with olive oil, 1 to 5.

In case of sea-sickness in delicate patients the eucalyptus in the form of lozenges has been found of service. They are carried by the patient and one taken when there is a feeling of sickness. Three or four taken a day are often of great benefit.

Eucalyptus is an antidote to *Strychnia*. A decoction of the leaves of *Eucalyptus globulus* and a solution of a salt of *Strychnin* form a flocculent precipitate. In animals when these drugs were given simultaneously, the animals survived.

Eucalyptol is an organic oxide (cineol) obtained from the volatile oil during distillation.

Chionanthus for sick headache. A few drops of the tincture taken early will prevent an attack. Taken for several weeks, drop doses, three times daily, will break up the sick headache habit.

Gelsemium.—Dr. Van den Burg commends, from his experience, the symptom "pain from throat to ear" as an almost infallible indication for *Gelsemium* in hyperæmic conditions of either throat or ear.

OBITUARY.

DR. MURRAY MOORE.

WE regret to record the death of our well-known colleague, Dr. Murray Moore, of Leamington, at the age of seventy. Dr. Moore had a distinguished career as a student, taking his M.D. at Edinburgh in 1867. The son of a homœopathic physician, he was disposed to investigate the doctrines of Hahnemann, and after two years of full experiment, became convinced of their truth. His experience as a physician ranged over many countries, as he practised during his lifetime at Liverpool, California, Toronto, New Zealand, and finally in Leamington. His skill and success as a physician were well known to all his colleagues, and wherever he worked he won a well-earned reputation. His interests extended outside medicine, and he figured both as a writer and a lecturer on various subjects. His death leaves a gap in our ranks, but we can at least have the consolation that his long life was one of sterling service to Homœopathy.

ARALIA RACEMOSA.—A man, aged 42, with pitch-black hair and brownish complexion, who had suffered for years from torpid liver and stomach disorders, which had produced a hypochondriacal disposition, has suffered for half a year from the following symptoms :—In the morning before breakfast, and again between 10 and 11 a.m., when the stomach is again empty, he has a sensation as if something warm rose from under the sternum up into the gullet and mouth; there is eructation of wind, and then sneezing, with copious flow of watery mucus from the nose, lasting some minutes. The temperature of the air has no effect, he has these attacks in the warm room as well as in the cold air, they are always connected with an empty stomach, but he observes they are always apt to occur after taking sour food. He has treated himself with *Arsenicum*, *Argentum nitricum*, *Nux Vomica*, *Natrum muriaticum*, *Kali hydriodicum*, without any relief. I prescribed tinct. *araliae*, 10 drops in a tumbler of water, a tablespoonful three times a day. This caused a satisfactory result, but he had to avoid sour food.—*Mossa, A. h. z.*

Gratiola.—Sick headache with nausea, disgust of food, giddiness, better in open air. Sensation of heaviness of head and constriction of forehead. Mental depression. Use the 3x potency.

REVIEWS.

DR. BERNSTEIN ON DERMATOLOGY.

LAST month we reviewed Dr. Dearborn's work on Dermatology, and here we have another systematic work by an equally well-known expert. It is interesting to compare the two volumes. Dr. Bernstein's is more compact and handier to use, and we think more easy of reference. Dr. Dearborn's is perhaps better for the student, Dr. Bernstein's for the practitioner. The illustrations in Dr. Dearborn's volume are the better. The photographs in Dr. Bernstein's are many of them admirable, but again many of them are of conditions that are not very difficult to recognize in practice, and that, therefore, are not so much in need of illustration. Both physicians attach much importance to external applications, but we must give the palm to Dr. Bernstein for the precision and extent of his indications for internal remedies. Particularly valuable is a Repertory for Lesions, Localities, Sensations, and Modalities. We can heartily recommend the book to those of our colleagues who have many cases of skin disease to treat.

A NEW EDITION OF NASH.†

This, the fourth edition, testifies to the value of this well-known work. It is a great and deserved favourite on this side of the Atlantic, also, and we are inclined to think it one of the best works on Therapeutics that our school possesses, alike for the beginner and the more expert. In this edition, a few of the leading symptoms are prefixed to each remedy and we heartily endorse the value of this addition. We still cannot help wishing that an alphabetical order had been followed, but it is evidence of the excellence of the book that this one small complaint is all that we can find to make.

* *Elementary Dermatology*, by R. Bernstein, M.D. Illustrated. Pub. Boericke and Runyon, New York and Philadelphia. London : Homœo. Pub. Co., post free, 15s.

† *Leaders in Homœopathic Therapeutics*, by E. B. Nash, M.D., author of *Leaders in Typhoid*, *Regional Leaders*, *Leaders in Sulphur*, *Leaders in Respiratory Organs*, *How to Take the Case*, and *Testimony of the Clinic*. Fourth edition, 493 pages. Cloth, 12s. 6d. net. Postage, 16 cents Philadelphia. Boericke & Tafel, 1913. London : Homœo. Pub. Co.

CORRESPONDENCE.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—I have just read, with great interest, your editorial in the February HOMŒOPATHIC WORLD, on "Pathology and Homœopathy."

In regard to Pathology, it is important to remember that that science has not yet said its last word. Are we quite sure that it is even out of its swaddling-bands? Facts endure; but the interpretation put upon them is subject to astonishing feats of volte-face, as the magic touch of some new genius gives them a twist. We may find the pathology of to-day rendered just as absurd and futile as that of yesterday, and previous yesterdays, by new facts, or new interpretation of old facts, which may throw a totally different complexion on the vital reactions in which organism, micro-organisms, toxins, autotoxins, and antitoxins, are concerned.

And a great deal has yet to be thought out, and worked out on that subject of supreme importance, *Resistance*. Defective resistance, and how to raise resistance are, after all, the practical aspect of the matter, from the therapeutic point of view.

It is possible, then, that science may yet have a surprise-packet in store for us, in regard to the significance of micro-organisms in disease. How many are actually causative?—how many merely associated with disease? Are any, by any chance, mere scavengers?—and, in their myriads, even favourable to the patient in his struggle? Shall we be told, some day, that the prognosis for life depends on the number of cocci in the exudate? Probably not! Yet one cannot help looking forward with a smile to the possibility of some new light suddenly flaring through the mist with shifting gleams that we call Science, with the enunciation of some such startling theory; and one can vividly picture the pathologists once again tumbling over one another in their eagerness to demonstrate, and exploit, and utilise the new doctrine.

Meanwhile, as you so lucidly point out, Hahnemann's direct method has, all through, gone to the root of the

matter. It still holds firm, like an anchor to bed-rock, deep below all the surging waves of science that tumble and fret the surface. *Nothing exists without a cause*; not even the most trivial-seeming symptoms! "We can know nothing of the sick man, except through his symptoms." And it is the sum of his symptoms, that is the sum of his pathology; not, as you shrewdly point out, merely his "obvious morbid anatomy!" Nummular sputum is one of the symptoms of the patient, a common symptom in phthisis. The bacteria in the sputum are also a symptom; again a common symptom in phthisis. They were there centuries before the scientist was able to demonstrate them under the microscope. The fact that the phthisical patient reacts badly to hot, moist, impure air, and improves in cold, dry altitudes belongs also and equally to his symptomatology, his pathological picture; and it is far more important to the life of the patient that his physician should recognise his reactions to heat and cold, to damp and dry, to oxygen and CO₂, than that he should be able to stain his tubercle bacilli.

"Ah!—but!—if you know the organism, you can employ it, or its antibody, or its endo-toxin, or its something or other, to combat his disease!"

A secret!—and so you can, even if you do *not* know the organism! and that is where Homœopathy is more than half a century ahead of Pathology. Preparations from tuberculous sputum, from caseous gland, from broken-down lung tissue, were made, ground down, potentised, and used with success long years before the pathologist began to dream about them. Pathology is just now beginning to take into account the other organisms, such as the pyogenic cocci, that have also to be reckoned with in cases of advanced phthisis, etc. But Homœopathy covered the whole picture from the first, when it prepared its drug from the morbid mass, instead of test-tube cultures of the one organism. And it did the same early last century for anthrax, variola, syphilis, and nearly all the diseases under the sun.

As you say, sir, Hahnemann's methods go to the very root of the pathology of any case. As you say,

Pathology may be able to tell us some day why one patient is stiffened and agonised by a passing shower, and why another only moves and breathes in freedom when it is raining ; and how *Caust.*, *Medorrh.*, *K.-carb.*, are causative, and curative in the latter condition, while *Rhus*, *Ruta*, *Dulc.*, *Nat.-s.* etc., are homœopathic to the former. This is the useful kind of pathology with which science, other than the Science of Healing cannot at present deal ; yet it is covered by the homœopathic prescription. And that it is so is proved by the fact that patients treated according to the Law of Similars (according to their whole pathology, as you so aptly put it, revealed in their symptoms) actually tell us again and again, that they have lost their extreme sensitiveness to damp, or cold, or whatever it may be, as they improve in health and well-being.

Yes ! pathology is fascinating, and often most helpful ; but we have to remember that it has not yet said its last word. And at times it even *seems* far more helpful than it really is ! It is always very positive at first ("positive" by the way, is its own favourite word !). It starts by being very positive, and then—goes back on itself, as experience advances. For instance, we learn now that the Wasserman test wherein we trusted is also "positive" in *scarlet fever*, in *lichen planus*, in *acute lupus erythematosus*, in *leprosy*, and in *sleeping sickness*. Again, does the von Pirquet test always come off ? Men new from the schools hold it in a very different estimation . . . It always seems to me, standing a little aloof with critical eye, that by the time the practitioner has surmounted the scepticism born of long and sad experience, and has taken a test or a treatment to his heart, and has started applying it gaily all around, the thing is already, at least in part, disproved.

For what we call *pathology* is merely *what is known of it* at any given moment ; while behind, the great unknown lies always in wait, shrouded in darkness. And yet, it is always the greater unknown that we have to deal with, in treating our patients. As you say, every symptom (*i.e.*, every deviation from the normal, from health's happy adjustment to environment) must

have a pathological basis. And we shall wait long, and try many experiments in hope, and abandon them in despair, before we can treat the majority of the patients who come to us for help on *pathology as revealed in the laboratory*.

Whereas, in Hahnemann's great Law, we have, as you point out, a means of covering the whole pathology; of prescribing absolutely pathologically, ages before Science can demonstrate, if it ever can, the whole inwardness of many of our cases, or give them a name or an explanation.

And that is why, as Science gradually opens its eyes, and discovers fact after astonishing fact, the thing that emerges and stares in the blank face of the scientists, is HOMŒOPATHY.

But, mind, Science is discovering the *real* thing! It is none of your empirical prescribing: the ancient routine $3x$ *t.d.s.* business; the "drug-that-is-generally-found-useful-in-these-cases" sort of thing. No, the way that Science is rediscovering Homœopathy is by way of what we call the NOSODES—the virus of disease—the nearest simillimum of all—the very disease itself, but changed, as Hahnemann contends, "from *idem* (isopathy) into *simillimum* (homœopathy)" by the preparation it must undergo before it can be used. And that is so: it *is* changed. For a man may be absorbing or swallowing any amount of pus, and it does not cure his suppurations; but give him his pus, triturated and potentised, and you will promptly wake up his resistance.

And when Science starts using *that-which-causes* in order to cure, it has to fall, willy-nilly, into Hahnemann's methods, so long neglected and decried by many of his own "followers." It is demonstrating to the hilt his *single drug*, his *single dose*, his phase of *homœopathic aggravation* (Wright's "negative phase,"), his succeeding *period of amelioration* with which, (and here again science endorses him) it is dangerous to meddle. And it has to reduce again and again its dosage, exactly as Hahnemann did one hundred-odd years ago. It needs only to a little extend its present knowledge—only to get an inkling that other drugs

that cause may be used to cure—only to apply *Potentisation*, Hahnemann's other, and very great discovery (which Science has already got on the chemical and physical side) to drugs, to utterly flabbergast and beat your “prescribers on obvious morbid anatomy” on their own (not too well cultivated) ground.

I see in the discussion at Liverpool, on Dr. Macnish's paper, that there was some confusion as to what Kent meant by “ultimates.”

This, I think, is his contention. When mere ill-health becomes concrete in say carcinoma, fibroma, calculus, a thing that you can feel and handle; *that* and not the symptoms to which it may, or must give rise, is the ultimate. Hæmaturia may be a very important symptom of a patient: Kent would say, it is not a symptom of the patient, but a common symptom, dependent on a mechanical cause, *in renal calculus*. He argues, had the patient been normal, his secretions would have been normal, and he would not have ultimated in gross tissue changes. He says that the real disease (of the patient himself) we can get at only through his general symptoms; symptoms peculiar to himself as a whole, quite apart from symptoms that are merely dependent upon a mechanical cause, that that would promptly disappear (not being a part of his inherent pathology) if the tumour, or whatever it be, were removed.

Surely this is where surgery succeeds—and fails! It removes the tumour or the calculus; it does not deal with *the talent for the production of tumours and calculi* inherent in some individuals. Hence medicine and surgery have each their place in treatment: and each their limitations. The pressure of what is practically a foreign body on nerve or viscera may be *fatal*: it is not *vital*, as, according to Kent, are the reactions of the patient to heat, electricity, moisture, sympathy, shock—to things seen and known, or unseen and more or less intangible, even conjectural. Symptoms with obvious mechanical cause do not express the patient, but only depend on what you so delightfully term, “*his obvious morbid anatomy*.”

But, arguing on, "ultimates" may be things the surgeon cannot touch. Ill-health, or lack of normal vital resistance may have culminated in, say, consolidated lung, riddled with cavities. Here again, you have very urgent symptoms, threatening life, dependent on the "ultimate"—on the diseased tissue, with associated germs, with absorption of toxins, and peril from ulcerating vessels. Quite a different picture from that previously displayed by the inherent symptoms of the patient. All is changed. You are not in a position to treat the patient as a whole. You have to go for the urgent symptoms dependent on his disease: your treatment, homœopathic to these, will be palliative, rather than curative, to the patient; and a palliative drug does not hold so long, because it does not act so deeply on the patient. But it may give you time and opportunity for more vital work later. At first, the reaction would have been too great; you would have only precipitated the catastrophe.

In Homœopathic prescribing, so much depends on the relative value of symptoms, and how we make use of them. It is no more child's play, "little sugar pills, with which, if you do no good, you can do no harm." It is essential that we understand that we are dealing with vital issues; that we realise what we *can* do, and what we *cannot*.

Yours etc.,
M. L. TYLER.

VARIETIES.

EHRlich's REACTION IN INFECTIOUS DISEASE.—By Dr. S. J. KAMsARAKAN (Med. Obozr., 1913, lxvii. 7).—This reaction was first described by Professor Ehrlich in 1901. It consists in adding to the fresh urine several drops of a solution of paradi-methylamido benzaldehyde in hydrochloric acid, after warming a red coloration appears, which on spectroscopic examination shows a well-marked band of absorption between the D and E lines. The reaction does not occur in normal urine, and has been proved by subsequent research to be due to the presence of urobilinogen, which in the presence of light and air is transformed into urobilin. It has been disputed whether this reaction has any clinical significance, as it is present in many diseases, but not

constantly, and is certainly not of diagnostic importance in typhoid fever, as Ehrlich originally thought. The writer has experimented with the reaction in 578 cases of infectious diseases in the Soldatenkov Municipal Hospital at Moscow; these included 84 cases of diphtheria, 155 of scarlet fever, 12 of serum fever, 14 of measles, 10 of varicella, 2 of mumps, 8 of pneumonia, 9 of typhoid fever, and 183 of 183 of erysipelas. He found that the reaction is almost always present in scarlet fever; out of his 155 cases only 3 were negative; in 47 cases the reaction was intense; in 50 cases only 3 of moderate intensity, and in 55 cases the reaction was positive but feeble. It is important to note that the intensity of the reaction did not correspond with the gravity of the case, but if the throat symptoms were severe, and, as proved by bacteriological examination, to be due to streptococci, the reaction was usually intense. In diphtheria the writer found out of 84 cases, 51 negative and 33 positive reactions. In all the negative cases swabs from the throat gave culture of the Klebs Loefler bacillus, either pure or associated with staphylococci, but in all the positive cases streptococci were present, in addition to the diphtheria bacillus. In order to verify the existence of a connection between the presence of streptococci and a positive reaction the writer experimented on 101 cases of different sorts of sore throat. In 70 of these the reaction was positive, and cultures from these in every case showed growths of streptococci. In the 31 negative cases cultures failed to show the presence of streptococci. These results confirm the existence of a connection between streptococcal infections and the excessive elimination of urobilinogen. This being so the reaction ought to be constantly present in the urine of patients suffering from erysipelas. The writer examined 183 cases of the disease, and found that 136 of them gave a strongly positive reaction, 38 gave a moderately strong reaction, and 9 a feeble reaction; in no single case was the reaction negative. It was found in these cases that the reaction appeared at the beginning of the illness and persisted a long while, twenty-five or thirty days, or even longer—and did not disappear till towards the end of desquamation. In all cases in which the reaction was feeble the disease was slight. In cases of relapse the reaction, which had disappeared, again made its appearance, often in a well-marked manner. It appears, therefore, that Ehrlich's reaction is characteristic of streptococcus infections, so that if it is not present it can be said with certainty that the disease is not streptococcic. But the inverse proposition does not hold good, for increased elimination of urobilinogen may occur in infectious diseases of a different nature, but in these cases it is not so constant and appears later in the disease, whereas in streptococcic infections it can be detected during the first few days; the reason for this is that this form of infection produces from the very outset more or less profound hepatic disturbances. Thus the clinical value of this reaction rests on this circumstance, that it provides an index as to the

hepatic insufficiency. This explains why the reaction does not occur in varicella, nor in diphtheria unless associated with streptococcus infection, nor in mumps, serum fever, measles, pneumonia, and typhoid fever at an early period; but, on the other hand, it is positive in scarlet fever, streptococcic anginas and particularly erysipelas. It should be borne in mind that in fatal cases the reaction disappears some days before death. Thus in a patient, aged fifteen, who had severe scarlet fever, the reaction, at first very well marked, gradually faded and disappeared shortly before the child died. At the autopsy fatty degeneration of the heart and liver were found. From these facts we may conclude that the urobilinogenic reaction has some value from the point of view of prognosis.—“La Sem. Med.” No. 81, July 30th, 1913, p. 361.

PHYSIOLOGICAL ACTIVITY IN THE TROPICS.—An inquiry into one subject often leads to the discovery that many of the data collected, if collated to that end, will throw light on other subjects, and scientific research is fortunate when the intrinsic value of evidence collected for one object is recognized before the evidence is lost sight of. A good example of this situation will be found in a paper by Major Weston P. Chamberlain, in which are recorded observations made on 1,000 healthy soldiers stationed in the Philippines during 1909, 1910, and 1911, with the object of determining whether the complexion type of white men, or the use of clothing obstructive to actinic rays, exercises any influence on the ability of the individuals to endure tropical service. Both these questions were answered in the negative, as was noticed in *The Lancet* at the time, but the data have been re-examined by Major Chamberlain in reference to the light thrown by them on the relative importance of the climatic factor and the tropical disease factor in the difficulties attending colonisation of the tropics by whites. The observations were made at thirteen different points in the Archipelago, ranging from 15° to 6° N., mostly at the sea level, but one was inland at an altitude of 600 feet. The observations affect the body temperature, pulse and respiration rates, blood pressure, influence of residence on body weight and on the blood and urine, influence of exercise, effects of the climate on the nervous system, and the action of the digestive system in the Philippines. The results of the observations seem to show that there is no appreciable variation for season, or for complexion type (fair or dark) in respect of temperature, which averages 98.7° F. The average pulse-rate is 77.3, the average respiration 19.3, the average blood pressure with an average age of 25.3 years, and using a five-inch armlet (Cook's modification of Riva-Rocci's apparatus) was 115 to 118 mm. mercury, the average loss of weight was 1.34 lb. per cent. in a year, irrespective of the size of the subject. Apart from parasitic disease in healthy soldiers there is no definite anaemia produced by any variation in any of the particulars of environment. The average specific gravity of urine at the beginning of observations was 1019.9, five men had albumin, and ten showed casts; at

the end the average specific gravity was 1019.7, while six had albumin and thirteen showed casts. The effect of exercise was only what would be expected in warm weather—viz., acceleration of pulse and respiration, slight increase of temperature, and a considerable rise in blood pressure. As regards the effects on the nervous system, mental and nervous diseases, which were very prevalent during the early years of occupation, the author believes to have been due to nostalgia and tedium with resulting alcoholic and venereal excesses; for under the improved conditions prevailing for some years prior to the observations the numbers reported as sick for mental and nervous diseases, and the deaths from suicide, have not materially differed from those obtaining among troops stationed in the United States. The author's observations do not support the theory that the diet for the tropics should differ materially from that for the temperate zones. As a result of these observations, Major Chamberlain concludes that there is room for doubt whether light or actinic rays are factors in tropical morbidity or mortality. He found that dark subjects possessed no advantage over fair. The injurious effects sometimes attributed to light, he says, can be produced by heat and humidity in the absence of light, and to these factors he attributes such influence as the Philippine climate exerts on the white man. While the white skin absorbs heat less readily than the brown or black, the latter has more sweat glands and radiates heat more freely. Suitable clothing light in colour, a single layer sufficing to protect from the ultra violet rays, will protect the white man from the effects of heat and humidity. As to whether under improved sanitary conditions it will be possible for the white race to colonise permanently in the tropics, Major Chamberlain points to Hawaii, and particularly to Barbados—where there are many men and women of pure English stock who have never been to a temperate climate, yet are physically and mentally as well equipped as Europeans. These examples, with the successes so far in the Philippines, Cuba, Panama, and elsewhere, raise the hope that the complete conquest of certain parts of the tropics by the white race is not beyond the possibility of realization. These later successes, however, are hardly yet, it seems to us, of sufficient duration to be of much value. The deterioration of Caucasian stock in the tropics, when it has occurred, has surely been rather a progressive condition than a fulminant one.—*The Lancet*.

ANTS AS TRANSMITTERS OF TROPICAL DISEASE.—No suspicion until lately has arisen that the industrious ant might upon occasion act as the transmitting agent of infection to man. It was known that some species, such as the white ant, had very destructive tendencies in certain parts of the tropics, and that the bites of some large tropical ants caused a good deal of general disturbance being attended with faintness and shivering and sometimes with temporary paralysis. It was also known that some savage races, used the dried bodies of ants, beaten into a paste, as an arrow poison, but it is only of late that suggestion has been

made that this insect might convey pathogenic bacteria to man. The ant is commonly found in and around the dwellings of people residing in the tropics. It is, indeed, a matter of difficulty to keep this insect away from foodstuffs in such houses, and it is equally difficult to keep the ant away from human dejecta when these are not properly disposed of. So that it cannot be doubted that the ant has the opportunity of carrying from infected excreta the specific organisms of disease to the food stored in human dwellings. Not long ago one writer drew attention to the possibility of the ant spreading anthrax. In 1908 Dr. Andrew Balfour, then at Khartoum, in his "Review of Recent Advances in Tropical Medicine," discussed the suggestion that ants might be to blame for carrying cholera infection from contaminated faecal matter to human food and drink. His experience was that at Khartoum ants were more in evidence than flies, and that from their crawling habits and scavenging propensities they could play a considerable part in the conveyance of cholera and similar infections. Little or no experimental work, however, had been done to obtain proof that ants were capable of transmitting diseases to man; but in 1912 Dr. L. B. Bates, bacteriologist to Ancon Hospital in the Panama Canal Zone, undertook a series of experiments with the view of putting to the test whether or not the ant acted as a transmitting agent of such infections as enteric fever and bacillary dysentery. His results were published lately in the Proceedings of the Canal Zone Medical Association, Vol. V., Part I. His investigations were carried out with the large yellow ants which are found in and around the houses in the Canal Zone. He fed a number of these insects on bread soaked with cultures of *B. typhosus* for five days, killing and examining some of them at certain intervals, but in no instance was he able to recover the typhoid bacillus from the intestines of the ants. The experiment was carefully repeated with like negative results. He then tried to determine if the ant could carry the specific organisms on its legs or body, in a purely mechanical way, to human food. A number of the insects were dropped into a broth culture of *B. typhosus* and allowed afterwards to crawl out and walk over Petri dishes, the bottoms of which were covered with filter paper, at varying intervals up to twenty-four hours; after that they were placed on the media in Endo plates. The typhoid bacillus was easily found in every instance. This experiment was repeated several times, and in the majority of cases positive results were obtained. It is known that the body of the ant contains a certain amount of formic acid. Dr. Bates infers, therefore, that under such circumstances it would be almost impossible that any typhoid bacillus could survive for any length of time in the intestinal canal of the ant. He concludes that the ant under certain conditions is capable of becoming an active agent in the transmission of enteric fever or bacillary dysentery to man, but only in a mechanical way. The same is almost certainly true as regards cholera. It would be of advantage if further experimental work in this direction could be carried out.—*The Lancet*.

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- Walker** (J. W. Thomson). *Surgical Diseases and Injuries of the Genito-Urinary Organs, Illustrated.* 8vo, pp. 898. (Cassell. Net, 25s.)

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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Clifton, Leicester—Dr. Wilcox, U.S.A.—Dr. J. Clarke, London—Dr. Chaney, U.S.A.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Omniopatia in Italia.—Revista Hom. de Per-nambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals

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THE
HOMŒOPATHIC WORLD.

APRIL 1, 1914.

THE B.H.A. AND LOCAL ACTIVITIES.

THE Annual Report of the B.H.A. will soon be due, and once again we are face to face with the still unsolved problem of the relation of the Association to local activities. During the winter efforts have been made to persuade homœopathists in different localities to become subscribers to Association work, but wherever there is a local hospital or dispensary, that local institution is made the ground of refusal to help the central organization. Once more we would urge upon our readers that this is a shortsighted, even a suicidal policy. Everywhere Homœopathy is a minority cause. Unless the local minorities are knit together by a central body, which shall gather all their little strengths to make one strength, there will be no voice loud enough to speak on behalf of the cause in an emergency, and one by one as supporters die, the local institutions will die too. It is the old fable of the sticks that can be broken separately but not when tied together. The next quarter of a century will almost certainly determine the fate of Homœopathy. There was a great outburst of enthusiasm and energy that founded the Association. That energy has given us the means to teach and to do some research work, and to keep a central office in being. Now surely it is time for another outburst to bind all homœopathists together, and bring all the units into one organization. No large sums will then be needed from any one individual, however welcome they will be. Keep the guineas and half guineas for the local work, but give

the shillings and sixpences to the B.H.A. They will be enough if everyone will give them, but unless there is some greater general effort, if each waits for his neighbour to move, the outlook for our cause is clouded and doubtful.

INTRAPERITONEAL LYSIS OF TUBERCLE BACILLI.—W. H. Mainwaring and J. Bronfenbrenner, New York (*Jour. of Exper. Med.*, December, 1913, No. 6, pp. 601-755), found that tubercle bacilli injected into the peritoneal cavities of tuberculous guinea-pigs, rats, rabbits, dogs, and monkeys rapidly disappear from the peritoneal fluids while persisting in the peritoneal fluids of normal control animals. This disappearance they regard as being in part due to an adhesion of the injected bacilli to the peritoneal leucocytes and a fixation of the leucocytes on the omentum. The injected tubercle bacilli can be recovered quantitatively from the peritoneal cavities of normal guinea-pigs from one and one half to two hours after the injection, while from tuberculous guinea-pigs only sixty-five per cent. of the bacilli can be recovered at this time. Isolated peritoneal tissues from tuberculous guinea-pigs have the power of destroying tubercle bacilli in vitro. A second factor reducing the number of tubercle bacilli free in the peritoneal fluid is therefore an actual lysis of the bacilli. The intraperitoneal lysis is not due solely to substances present in the circulating fluids, since the phenomenon cannot be produced by these fluids in vitro, and since a lytic power cannot be passively conferred even by a direct transfusion of blood from tuberculous to normal animals. The intraperitoneal lysis is apparently due to specific changes in the fixed peritoneal cells of the tuberculous animals.

CARBON BISULPHIDE POLYNEURITIS.—The patient, a young man aged seventeen, had been employed in manufacturing toy balloons for three months. It was necessary to plunge the balloons in a bath containing carbon-bisulphide, so that the exposure was both to the fumes and to direct contact. Three months after beginning the occupation his legs grew weak, later the hands became affected. There were at no time pains or any subjective or objective disturbances of sensibility. The hands perspired freely and there were reactions of degeneration in the intrinsic muscles of the hands. No tenderness of the nerve trunks. He was subject to headaches, was forgetful, had at times a feeling of intoxication, and a taste of carbon-bisulphide in the mouth. Recovery was complete. The interesting features of the case were the early appearance of the paralysis after exposure (three months), the quadriplegia without sensory disturbances, and the amnesia, which was general and not restricted to any one period of the patient's life.

NEWS AND NOTES.

CORRECTIONS.

DR. SERKOFF writes to point out one or two errors in the article on "Homœopathy in Russia" recently published in the WORLD. The Chairman of the Committee of the Pan Russian Homœopathic Congress was Dr. Brasol not Dr. Serkoff. The name of Dr. Brasol was omitted on p. 15, line 3. Dr. Serkoff is delegate of the Russian Congress to the I.H.C.

B.H.S. GOLF.

THE draw for the first round of the Dudgeon Cup will take place on April 2nd. All intending competitors should communicate at once with Dr. Wynne Thomas, if they have not already done so.

OCCUPATION POISONING AS A GUIDE TO HOMŒOPATHIC THERAPEUTICS.

In his inaugural address to the Homœopathic Medical Society of the County of New York, Dr. Walter Gray Crump, who has just taken the presidential chair, suggested that poisonings arising in the industries afford new fields for the homœopathic practitioner. For instance, certain girls presented themselves at John's Hopkins some time back, suffering from splenic leukemia; it was found that they worked in canning factories and handled benzol. Post-mortems showed conditions similar to those found in Hodgkin's disease, and the evident election of benzol for the organs involved in this malady, led to its use by certain French physicians and later in this country, and at the last Clinical Congress of Surgeons held in Chicago, cases under benzol treatment were shown to the visiting surgeons. This is applied homœopathy. Dr. Crump also cited the eruption of the nape of the neck always noticed among the workers in the carbide factories at Niagara Falls.—N.A.J.H.

ORIGINAL COMMUNICATIONS.

THE MEDICAL ASPECT OF A MEDICO-SOCIAL PROBLEM.

By DR. NEATBY.

IN his address as President of the last British Homœopathic Congress, Dr. Cash Reed pleaded for a fuller consideration of the humanitarian and economic aspects of medical work in our public hospitals of the future. He showed how closely social problems touch scientific questions when he said "science alone will make a poor bungler of both doctor and social worker in the actual craftsmanship of his work."

There is, however, a medico-social subject upon which he scarcely touched which is attracting the attention of statesmen in different parts of the world, especially those of our neighbours across the channel—I allude to the falling birth-rate, which is making itself felt even in our own country to a greater extent than is probably realised by the public. Hygiene in 1912 in England and Wales had reduced infant mortality in the first year of life from a level during previous decades, of 140 to 150 per thousand to 95 per thousand. This is a very notable achievement, and the year 1911 furnished a very striking instance of the influence of social movements on medical questions. After a steady descent of infantile mortality in previous years it rose by 35 per thousand, "the result of hot weather and diminished milk supply in the labour strikes of the summer months."*

The same author brings forward some startling figures, bearing on the falling birth-rate. He shows that through the postponement of marriage, the prevention of maternity and ante-natal mortality "the loss to the nation" (potential and actual) in 1911 might be estimated at about six hundred and forty thousand. The statistics compiled by Dr. Routh have been challenged as exaggerated, but they are worthy of very careful study. Among the legislative

* A. Routh, *B.M.J.*, Feb. 14, 1914, p. 355.

and other measures advocated by social reformers to diminish the loss are the following :

- (a) Registration of still birth and pre-natal death.
- (b) Insurance reforms and special benefits under the National Insurance Act.
- (c) Thorough teaching of the diseases of pregnancy to medical students.
- (d) Better housing and feeding of pregnant women and the avoidance of deleterious occupations during the period of gestation.
- (e) The establishment of hospitals for pre-maternity treatment—the treatment available in such cases being both preventive and curative.
- (f) The supply of nurses who should give hygienic instruction to expectant mothers.
- (g) The supply of skilled pathologists to collaborate with the clinical physician.

Through the teaching and exertions of Dr. Ballantyne some of these reforms have been secured in Edinburgh.

Let us consider the medical side of this great question a little more closely—even though it may only be possible, at this stage, to point out the lines on which future investigation should be conducted and treatment carried out.

Pre-natal health can only be improved and pre-natal mortality lessened by the consideration of the physiology and pathology of the pre-maternity period, and by the application of rational hygiene and therapeutic principles during that epoch. Only very large numbers can establish controverted points bearing on this subject, but a good deal can be learnt by any practitioner from his own cases if carefully studied.

With this in view I looked up one hundred recent consecutive records of married women among my private patients. I found that eighteen had never been pregnant and had been married for an average of 12.8 years, varying from one year (two cases) to forty-one years. This average would be reduced to ten years of potential child-bearing life for each patient by the deduction of the years after the change of life. There were four patients who had only been

married an average of two years, and strictly speaking these could not be designated as sterile.

The remaining eighty-two women had borne two hundred and eighteen children—an average of 2.658 to each mother—or 2.18 to each of the one hundred women. This is a decidedly low average. Among the same eighty-two patients, sixty-nine miscarriages occurred—not quite one to each patient. Among hospital patients the number, both of children and of miscarriages, is greater.

Three factors are thus brought out as contributing to the lowering of the birth-rate—absolute sterility in married women, relative sterility in the well-to-do and pre-natal death, more frequent amongst hospital patients.

The causation varies very much; in some cases amongst my series, imperfectly developed uterus, flexions, and myomata were noted as possible causes. In other cases no obvious abnormal physical signs were present; gonococcal infection, partial atresia, or psychical incompatibility, accounted for still others and in some the sterility was voluntary.

Some of these causes, if undertaken early, are removable. Even the apparently under-developed uterus, where menstruation has been established, may be stimulated into further activity by medical treatment, or by dilatation of the vagina and uterus. The medicinal treatment should be constitutional or symptomatic, and a useful locally acting drug is *Onosmodium*.

Myomata are not a necessary bar to safe maternity, especially in the earlier child-bearing period. If their location is likely or certain to cause difficult delivery, they can be removed by myomectomy. The uterus is a tolerant organ and owing to its vascularity, operation wounds in its tissue heal with remarkable completeness and strength. All signs of a myomectomy incision disappear in the course of a year or two, and the yielding of a Cæsarean section scar in subsequent labours is a comparatively rare event, and may usually be ascribed to faulty suturing.

The prognosis in infective cases varies with the damage produced by the poisons. In the class of cases

under consideration (those of absolute sterility), the gonococcus is mainly at fault, though tubercle bacillus may be responsible. Where the gonococcal infection is of a mild type and is treated early, no permanent crippling of the pelvic reproductive organs occurs. In severe cases pyosalpinx, pelvic adhesions, etc., make subsequent sterility permanent. In cases of moderate severity, adhesions may become absorbed, and the only gross change left, be closure of the abdominal ostia of both Fallopian tubes. Such a condition can of course only be definitely ascertained by an exploratory operation. This step would be eminently justified where children are much desired, if a history of previous pelvic peritonitis is present, and where sterility persists in the cases of otherwise healthy parents. Steps should of course be taken to ascertain the healthiness of the would-be father before subjecting the wife to an abdominal operation. The operation of re-opening the abdominal ostium has been successfully performed, and the probability of re-closure can be guarded against by turning back the cut end of the oviduct like a cuff. Two peritoneal surfaces are thus brought into apposition; if they be retained by a fine suture until adherent, the orifice may remain patent.

Streptococcal, staphylococcal and coliform bacillary infection are more likely to follow operative procedures improperly carried out, or to ensue after confinement or miscarriage, so causing relative rather than absolute sterility.

Syphilis is more likely to induce miscarriages than sterility.

Homœotherapeutics has at its disposal a number of remedies strictly applicable to many of the diseased conditions left by these infective processes. Among these may be mentioned the various appropriate vaccines, by preference the autogenous ones. These may be given by the ordinary method of injection under the skin, or by the mouth in dilution, after the manner described by Dr. Stonham in a recent paper read before the British Homœopathic Society. Or a tincture-triturate may be made direct from the secretion, after

the manner in which the "nosodes" are prepared. *Thuja*, *Silicea*, *Sulphur*, *Phosphorus*, *Sepia*, *Hydrargyriod*, *Iodine*, *Arsenic* as *Arsenicum Iod.* or as *Cacodylates* are drugs likely to be of use. It is unnecessary here to specify at length the indications for each of these remedies. In some of the mechanical conditions, resulting in sterility, much can be done by simple operative measures, such as dilatation or vagino-plasty. These elementary procedures secure more credit to the practitioner than the skill required in their performance might seem to merit. Even where sterility is not removed by their means, a large measure of domestic felicity, to which the parties had been strangers, may be secured.

Cases of sterility where no physical signs of abnormality exist, and where no history is obtainable giving a clue to previous disease-processes, are not easy to treat.

The surest way to success is to "work out" these cases with the aid of a good repertory. It seems hardly necessary to point out that before undertaking seriously the treatment of a case of sterility, an accurate diagnosis is essential. To secure this a careful examination should be made, supplemented in most cases by a brief but thorough anaesthesia. So many patients are sensitive, rigid and resistant, that unconsciousness and muscular relaxation are quite essential for accuracy. Where absence of the internal genitalia is found, the patient will be spared a good deal of gynaecological tinkering, which could only be followed by disappointment.

Having thus briefly alluded to some of the contributory causes of a low birth-rate, through the childlessness of a section of married women, in a subsequent paper I hope to refer with similar brevity to the case of relative sterility and pre-natal mortality.

The object of these introductory sketchy remarks is to bring the subject before the homœopathic branch of the profession for the sake of discussion, and if possible to secure for it fuller consideration, from the clinical, pathological and therapeutic aspects.

To be continued.

A COUPLE OF CASES.

By H. LEIGH DECK.

ON my return from New Zealand two years ago, I was called to a case of pneumonia, in a very unhealthy woman aged 65. Twenty years before she was given up with chronic dyspepsia by the allopaths here, but would not confirm their prognosis by dying !

During my first year of attendance at the Homœopathic Hospital, I came across her and *Lycopodium* with *Sulphur* occasionally kept her in a fair condition of health. When I went to see her she had been ill eight days or thereabouts, and for four days I could make no impression with any medicines, and the case seemed doomed—she would not have any other advice, nor go into our hospital. I finally sat down at her bedside, repertory in hand, and Kent lectures on the bed, and wrote down again her symptoms, *viz.* :—

Burning in brain, chest, hands ; feels “ alive in the brain.”

Pain *bursting in stomach*, > pressure hard.

Pain *cutting in stomach*.

No desire for food ; not to be bothered with it.

Back opening and shutting, “ full of pain.”

Respiration 36 to 42 ; temperature 102 to 104.5 ; not coming down to normal.

Wheezing rattling in chest ; yellow whitish frothy expectoration.

Not really thirsty, except continually moistening mouth with little sips of cold water.

White dry tongue.

Pains in chest (right side), upper part striking cutting with cough.

Full of wind and can't get any up (a very distressing symptom).

No desire to be fanned though terribly hot.

Aggravation at 12 a.m.—2 p.m., 12 p.m.—2 a.m.

Rolling of head from side to side, > headache.

Skin felt continually burning hot ; no perspiration felt.

Extremely restless. Practically no sleep at all—though very weak.

Pneumonia—physical signs apparent in *lower two-thirds of right lung*.

Four or five carefully chosen medicines had had no effect, and finally I dug out the above symptoms and looked them up in the repertory.

Arsenic 200 was given, and in ten minutes she went to sleep; in five hours the temperature had dropped five degrees and never went high again.

Another observation I made was as follows: *Ars.* 200 later on as the case was so psoric took longer to have an effect, up to two hours according to those watching her. I then experimented with *Arsenic* c.m. (Fincke), and this would have an effect in twenty minutes invariably (or thereabouts).

Another difficulty came about, *Arsenic* finally did not hold, the patient did not convalesce. I then discovered that she had had twenty-five attacks of influenza! in a not very long period of years. This led to a selection of *Tuberc. Bov.* 30, and later 1 m. (which I procured amongst 1,200 other high potencies from Dr. Kent this last year or so)—and the improvement went on apace; and the symptoms revolved again to *Lycop.*; of which she has occasional doses as it seems needed.

In a case which seemed as grave as this, and apparently hopeless, one could hardly believe *Ars.* would act in ten minutes. It astonished the house people and also myself, and I felt that Homœopathy had scored again decisively.

For some months after this I noticed if ever she got *Ars.* it would always affect the stomach and chest in producing very similar symptoms to those in which it was first given, thus proving how good its selection was. I have had *much* more success since using the potencies of *Tuberc. Bovinum* (30 to mm.) than I ever had with *Tuberculinum* as obtained by my father from Boericke and Tafel twenty years ago. This preparation is Dr. Kent's own "brand," described in his lectures as having been obtained from diseased tuberculous cows in Chicago.

A Case of Bright's Disease—EUTHANASIA—in a woman about 50 (from memory). This case had gone

through the usual uræmic phases, *i.e.*, frightful headaches, vomiting, being dieted and having steam baths *secundum artem*, but in my young days with little Homœopathic power of prescribing zigzagged about ; finally after months this picture presented :—

Light-headed, mild delirium—suspecting medicine to be poison—that she was married again (husband was dead)—pulling off bed clothes—muttering—whispering—getting in and out of bed—twitching here and there—tongue as dry as a chip. Pulse 126; temperature 102. No urine passed for twenty-four hours, or stool for forty-eight hours.

This pointed strongly to *Hyoscyamus* 200 and *the result* ; A chamber full of urine—four actions of bowels—tongue clean—speech returned. Temperature to normal; pulse fell, and strangely acquired a liking for milk, which she formerly *abhorred*—“clothed and in herring mind.”

She went on thus with *no more headaches or vomiting attacks*, *eating well*, and died six weeks later while getting from bed to urinate. It was to me and the family a marvellous change in such a case, and made strong converts of all who saw it—three other members of her family died of Bright's disease.

Hyoscyamus 200 acted in another case of Bright's disease with similar symptoms but deeper cerebral ones. Sliding down in bed—involuntary urination with œdema of external genitalia—procuring euthanasia in a similar way. This case was a confirmed drunkard (a man).

THE SALTS OF BARYTA.

By G. E. DIENST, M.D., AURORA, ILL.

(From the *Medical Century*.)

THERE are four forms of this salt known to medicine ; they are the carbonate, the iodide, the muriate, and the sulphate. They all have a similar base, but from this base they branch out into various directions, each having its own peculiar characteristics. The carbonate and muriate have been well proven, but of the iodide

and sulphate we know little, except what is gained by clinical experiments. The first point to be remembered in the study of these salts is that they are DECIDEDLY SCROFULOUS and are indicated in *dwarfish children and old people*.

The carbonate is particularly useful in old people who grow very fat and who are always complaining of some ache or pain. Secondly, you will notice that they are all disposed to diseases of the glands,—swelling, hardening, suppurating glands; enlargement of the cervical, parotid, axillary, lymphatic and mammary glands. The *carbonate* is particularly indicated in the enlargement of the glands of the neck, the tonsils and the prostate.

The iodide is indicated in new growths, tumors, etc. The carbonate has often been found useful in tumors of the breasts and in sarcoma of the neck.

The muriate is indicated in *indurated glands*, especially when these glands seem to form chains and become very hard. Induration of the tonsils and the pancreas must not be forgotten nor the swelling of the salivary glands.

In the third place, these salts have a marked influence over the vascular system. Hence, they are to be thought of in aneurism, atheromatous conditions in general. This is especially true of the carbonate while the muriate is to be thought of in *abdominal* aneurism. Both the carbonate and the muriate have a strong action upon the heart and the arteries. The carbonate has a violent palpitation with soreness in the heart, which soreness is aggravated by lying on the left side, by thinking of it and from physical exertion. It is to be thought of in those long-lasting attacks of palpitation.

In the fourth place, these salts have a marked affinity for the nervous system. Thus the carbonate has paralysis of mind and body. It has marked paralysis of the lungs and becomes a strong competitor of *Camphor*, *Aluminum* and *Antimonium tartaricum*. In the muriate we have a greater tendency to convulsions than to paralysis; particularly periodical attacks of convulsions with excessive jactitation of the

limbs. We have no provings on this point in the iodide or sulphate.

In the fifth place, we have, in a general way, in the carbonate a mental state of mistrust, want of self-confidence, aversion to strangers. In a child we find that the child does not want to meet strange playmates and will refuse to play with strange playmates, and such children we always find are very slow to learn. In the muriate we have idiocy, mania with marked perversion or increase of sexual desire.

"Convulsion in every form of mania as soon as the sexual desire is excited or increased."

In the paralysis of the carbonate we have competitors in *Camphor* and *Causticum*—on perverted mental conditions often found in old people we have strong competitors in *Chamomilla*, *China*, *Conium* and *Selenium*, but each with its special and separate indications.

In the sixth place, let us observe these very marked generals. The carbonate is to be thought of in diseases produced by suppressed foot-sweat—feeling of weakness predominant—in all of the salts of *Baryta*. The carbonate has cold clammy feet just as notable as has *Calcarea carb.*, all are worse in the cold air; cold washing; cold, damp weather; warm food; headaches from being in hot sun or near a hot stove. They have grave complaints from raising the arms, from mental emotion, from thinking of their complaints—they are worse in company and better when alone and from eating cold food.

The carbonate is predominantly left sided, offensive on one side, predominantly on the left, which is also worse on lying on the painful side, worse also on lying on the left side and after eating. The carbonate particularly has such a sense of weakness and languor that the patient cannot raise his hands to his head. Not only this, but it often has such a sense of weakness and languor that the patient cannot masticate his food. This is true of both the carbonate and the muriate, but it is not true of the iodide. You will also remember that the muriate has particularly recurrent tonsillitis in the autumn and the spring.

It has peculiar earache, which is relieved by sipping cold water. With these generals before us let us now turn to some of the particulars and see what these people think and how they feel.

The carbonate has a want of clear consciousness, especially in old people. Those who have grown very fat, in apoplectics, and with people who groan and murmur a great deal when they feel a trifle ill. Childish and thoughtless behaviour is peculiar to the *Barytas*. Then we have also the talkative mania, especially in girls before the catamenia, and, with this condition, there is so often found a yellowish complexion, white coated tongue with redness and little ulcers on the margin of the tongue and nausea without being able to vomit. These and similar conditions are found particularly in thin-skinned girls, in tubercular diatheses and where the skin is easily denuded. In all of them we find great and bodily weakness, weak deficient memory in children, absent-mindedness, dullness of perception, idiocy, great loquacity, especially during pregnancy, but this loquaciousness is confused, the patient wants to go out of the house, wants to go here and there without any particular reason for doing so, aversion to strangers, dread of men, great solicitude about one's health.

In the muriate there is, as in the carbonate, idiocy, inattention on the part of the children, glandular indurations and attacks of epilepsy with full consciousness. There is also in the carbonate dejection and dread of men in adults. There is a tendency to great anxiety and, with this anxiety, there is severe pressure in the stomach so that the greater the anxiety the greater the pressure with nausea and wretching causing the patient to bend double, forward, as in *Colocynth*. There is one word which covers the mental and physical condition of children more than any other word, and that is the word "inert." The symptomatology of these salts is intensely interesting and very voluminous. The carbonate has a sensation as if the brain were loose, the brain seems to move to and fro on the motion of the body with a sensation frequently as if stupefied or benumbed.

In the muriate we have a sensation as if the head were too heavy to even lift up, but particularly a vertigo as if everything were turning around. In the inner head the carbonate has a marked tendency to apoplexy in old people. We also have a pressure in the brain under the vertex extending toward the occiput which is aggravated by walking and is accompanied with a stiff neck. These symptoms are not found in the muriate; we have, however, marked symptoms of this salt pertaining to the inner head. On the integument of the head the carbonate has numbness of the skin in the forehead extending down to the root of the nose. The head is sensitive to cold and in undue exposure of the head to cold, or washing the head with cold water causes a sensation as if a severe attack of coryza were brought on. We also have crusts, moist crusts, itching and burning, causing the hair to fall out, and, with this condition, we nearly always have swelling and induration of the cervical gland.

The carbonate is often thought of in tinea after scarlet fever and in eruptions and tumour of the scalp. The most marked condition is falling off of the hair from the crown of the head.

The muriate has tinea capitis extending to the sides of the head and posterior portion of the neck. The head is often covered with a thick foetid scurf, offensive and inclined to the discharge of pus. So far as the diseases of the eye are concerned, the muriate has a marked scrofulous ophthalmia with eyes much inflamed, lids swollen, pupils dilated and immovable with great sensitiveness to light.

In the carbonate the light dazzles and hurts the eyes and then there are fiery-like sparks before the eyes, appearances as flying webs and black spots. As in the muriate, so in this, the pupils are immovable and irregular. It is said that the carbonate will abort cataract, modify or remove pannus and clear up ulcers of the cornea.

In the ears we have buzzing and ringing,—in the carbonate, with various noises and sounds, defined by the patient as echoes, cracklings, reports, reverberations with violent throbbing or drawing pains in the ears.

The crackling sound is particularly manifested when sneezing, swallowing or walking fast. The roaring sound is intensified by each inspiration. The patient, objectively, has eruptions on and behind the ears, similar to *Graphites*, and parotitis after scarlatina.

In the muriate we have an otorrhœa after scarlet fever. The discharge is very offensive and has the appearance of pus. The muriate also has catarrh of the ears, deep-seated catarrh with an odour from the ears similar to that of rotten cheese. In this remedy we also have abscesses behind the ears, swelling of the paratid, sub-maxillary and cervical glands and these swellings are very hard.

On the nose and its functions we have but few marked symptoms, one of which is subjectively, namely, *a sensation as of smoke in the nose during an attack of pneumonia*. We also have fluent coryza, nose bleed before catamenia. The coryza is very peculiar in this that the nose and the upper lip are greatly swollen and when this is found in children, who are dwarfish and have large abdomens, you will make no mistake in prescribing this remedy. In the muriate we have no marked symptoms of the nose except in the case of chronic catarrh, where the general symptoms agree.

On the face the carbonate has tension as from a cobweb over the face, temples and scalp, or more particularly, a feeling as if the face had been coated with the white of an egg and left to dry, and while this is found in one or two other remedies, the differentiation lies in this that the carbonate has loathing of food and a diarrhoea. In apoplexy there is likely to be circumscribed dark redness of both cheeks ; this is a remedy to be thought of in inflammatory prosopalgia, rough and dry spots on the face, particularly the right cheek, herpetic and other eruptions on the face. It seems strange, but true, that eating is one of the most laborious things the carbonate has to do, for it is not only too weak to masticate, but after eating or attempting to eat but little she is so tired she cannot raise her hands. Passing down the face we find painful swellings of the submaxillary glands with indurations after scarlet fever. In the muriate we have enlarged indurated and

painful submaxillary glands in connection with catarrhal otorrhœa.

On the teeth we have some very peculiar provings ; the carbonate, for instance, has a toothache when thinking about it and a disappearance of the pain as soon as the mind is diverted to something else. It has pain in the carious teeth after taking cold, violent pain with swelling of the gums, swelling of the cheek, the pain extending to the nose, eyes and temples with violent throbbing in the ears and all symptoms worse at night. It is used to cure fistula dentalis and abscesses at the roots of the teeth. On the inner mouth the carbonate has paralysis of the tongue, especially in old people, and in apoplexy and those disposed to apoplexy. Then we have also a pathological hardness on the middle of the tongue which burns when touched, also a burning sensation or excoriation at the tip of the tongue, and it is a remedy often to be thought of in fissures of the tongue, particularly when these fissures feel excoriated. On the inner mouth we have a great dryness early in the morning after rising, but in hypochondriacs we find them hawking up a great deal of mucus with water running from the mouth all day. These people are troubled a great deal with a tough phlegm in the mouth. Now, during an attack of tonsillitis, we have a marked salivation, inability to swallow, tendency to suffocation from excessively swollen tonsils with threatening suppuration of the throat. The muriate has similar symptoms with this marked condition ; that in induration of the pancreas the saliva runs out of the mouth in large quantities with every paroxysm of pain. Now in connection with that, we have one of the most marked modalities in the carbonate, it is *the inability to swallow anything but liquids*, while in the muriate we have a chronic scrofulous enlargement and induration of the tonsils. The appetite and thirst are not very marked in either of the *Barytas*, except that in the carbonate there is a constant thirst during an attack of tonsillitis. This seems true also in the muriate and we have, in this operation, a marked appetite for *dry wheat bread*. The carbonate has a marked weakness of the stomach with a pressure

like a stone in the stomach after eating bread. Indeed, the stomach is characterized as being weak, so weak that the introduction of the slightest food causes an intense aching. Now, with this we have also eructations known as water-brash. This is characterized by a sudden accumulation of water in the mouth. In the muriate we have very much indigestion, but on examining the stomach we will find, in addition to the indigestion, just below and to the left side, a hardness, thickening of the tissues from which there seem to originate paroxysms of difficult breathing. This will help you at once to look for an indurated pancreas; but apart from this pancreatic induration we have a hardening of the walls of the stomach impending digestion.

In the carbonate the stomach is much more sensitive to touch; there is greater inclination to gastralgia; the pains are of the pressing nature, and, though we sometimes have a marked hardness in the region of the stomach, in the scrofulous we find a softening instead of hardening. This sense of hardening, however, goes through the pathogenesis of both the carbonate and the muriate for, on full examination, we find in scrofulous children a marked hardness of the abdomen, enlargement and swelling of the mesenteric glands, tabes mesenterica, and often we find this sensation—that on turning in bed the intestines seem to fall on the side lain on.

In the muriate the abdomen is much more swollen than in the carbonate and with the distention there is marked hardness, distressing, throbbing, particularly so when there is a tumour in the abdomen. On looking over the digestive track further we find both remedies severely constipated. In the carbonate the stool is scanty, hard or lumpy, and expelled with great difficulty. We also find marked tendency to haemorrhoidal tumours, and in and around these tumours there is a burning pain, soreness as if the parts were excoriated.

In the muriate, though we have constipation, the stools are very jelly-like in appearance, often bloody and frequently covered with mucus. There seems to be no pain during an excavation of the bowels, but in

fifteen or twenty minutes afterwards the patient seems to suffer the most intense pain.

In the renal tract we find little of consequence, in either the carbonate or the muriate. As to the genitalia there may be either great relaxation or a tendency to hypertrophy, a condition found in both the carbonate and the muriate. On the respiratory organs the carbonate has a feeling in the larynx as if the larynx were filled with smoke or pitch during inspiration. The voice is often husky, rough, imperfect, and in several catarrhal conditions there is hoarseness or even loss of voice because of accumulation of tough mucus in the larynx and trachea. Indeed, we have marked catarrh of the trachea with a cough sounding very much like whooping-cough. In the muriate we have a dry cough with attacks of dyspnoea. The patient has to sit up and bend his head forward in order to breathe. *It is one of the most useful remedies in the Materia Medica for chronic cough in scrofulous children.* In the carbonate we have a sensation in the lungs as if they were *full of smoke*. This is particularly true after pneumonia, but its greatest sphere of action is found in *senile* conditions where there is great difficulty in breathing upon lying down, suffocative catarrh of old people with impending paralysis of the lungs.

The muriate has blenorrhœa of the lungs, especially in scrofula. This is one of the remedies to be thought of in phthisis with herptic eruptions and indurated glands. In the carbonate we have swelling of the cellular tissue of the neck with swelling of the gland in the nape of the neck and occiput with much pain in the ears and in the head. With these there is frequently associated a tension of the neck and scapulæ, or we may have cramps in the neck on moving the head. These swollen glands, especially the cervical, often suppurate, but when the remedy is given in time suppuration may be prevented. It is one of the remedies to be thought of in the fatty tumours of the neck, also in sarcoma of the neck with great burning.

When you find in a gouty individual great stiffness in the neck, the patient can hardly raise himself from the chair, you will think of *Baryta carb.* Indeed, the

back is full of pain. Pain in the lumbar region, often the forerunner of apoplexy and paralysis ; soreness in the lumbar region often followed by frequent diarrhoeic stools. In many cases of diarrhoea with severe pain in the small of the back you will think of *Baryta carb.*

The muriate also has enlargement and induration of the cervical glands. These glands become of stony hardness and are nearly always associated with otorrhoea, the whole neck and throat are full of glandular swellings, some of them the size of a hen's egg. We also find this induration of glands affecting the submaxillary, the parotid, some of them attaining the size of a pigeon's egg. The muriate, however, has not the back symptoms of the carbonate, nor is it as rich in its symptomatology of the back as is the carbonate.

In the upper limbs we have, in the carbonate, glandular swellings of the axilla, encysted in pit, pains in the arms, with hard, swollen axillary glands, pain in the deltoid muscle when raising the arm, numbness of the arms when on them, with all, great weakness of the arms so that they can scarcely be raised.

We have also hot hands, so hot that the patient often dips them in cold water for relief ; then as age comes on we have cold hands with bruised spots, fingers feel numb, as if they were asleep, and there we have warts and panaritium. The provings of the muriate are negative so far as the upper limbs are concerned. In the lower limbs the carbonate has an intense foetid foot sweat. This sweat is so profuse as to make the toes and soles very sore, and it is one of the first remedies to be thought of in diseases following suppression of foot sweat, for, then we have tearing, dragging, drawing pains in the limbs, with tremors of the feet while standing, paralysis of the flexors of the feet with great tension in the tendons.

In young girls we often find sudden sharp pains running through the knee which often forces them to sit down and rest, and, though not particularly in the province of this paper, let us mention the important

fact that the carbonate is often of great use in the lameness of spavined horses. For we have thus, a violent stitch in the knee when kneeling, followed by a peculiar tension in the right patella, making it quite difficult to walk. This is particularly true in haemorrhagic extravasation of the knee. Briefly, it should come to mind in all sorts of articular troubles, where there are haemorrhagic extravasations. It is in the nervous system where we find a great sphere of the usefulness for the salts of *Baryta*; thus in the carbonate there is heaviness in the whole body, numbness, particularly of the entire nervous system, loss of strength, suddenly weak and weary, the patient wishes to lean on something, to sit or lie down and even though the patient sits or lies he still feels weak and weary. This weakness may be carried to such an extent as to prevent them chewing food or sitting up in bed. In the aged we find great weakness of the mind and body, neurotic lameness, particularly after suppressing foot sweat, paralysis of old people, with trembling of the limbs and particularly paralysis following a stroke of apoplexy.

In the muriate we have a greater tendency to convulsions than to paralysis—convulsions with tremors and twitches over the body, convulsions accompanied by shocks which shake the whole body, great heaviness of the limbs, paralysis of the left side, especially with a general malaise.

As to sleep, the carbonate is inclined to great drowsiness, during the day, but when these people get sick with tonsillitis or any throat trouble then they become sleepless, often awake all night, feel too hot, with a general feeling of internal uneasiness. This internal heat at night with a great restlessness accompanied or followed by night sweats should at once point to *Baryta carb.*

As to chills and fever, the carbonate has a one-sided chilliness, predominantly the left side. We also have chilliness alternating with heat, especially at night. The fevers of *Baryta carb.* are predominantly in the evening or at night and are characterized with little thirst, violent pulsation internally in the head, vertigo

on rising from a disturbed sleep and followed the next morning by a violent thirst. It is often a great palliative in consumptive fevers that comes on in the evening or at night. The muriate has tertian intermittent fever characterized by chills without thirst, while the carbonate has a thirst during the heat. The sensations produced by these remedies are many and time forbids mentioning but a few.

Thus in the carbonate we have a sensation as if the head would be turned inside out, as if the brain were loose, as if the head were pressed in a vice, as if the skull would split, as if the blood could not circulate through the body, as if something were drawn over scalp tightly, as if the hair stood on end, as if the white of an egg had dried on the face, as if the face were swollen, as if the throat were swollen, as if the tongue were full of blisters, as of a plug in the throat, as if the food had to force itself over a sore spot in the œsophagus, as if the intestines fell from one side to the other on turning in bed, as if the lungs were full of smoke, as if something had dropped down in the chest, as if the spine would fall in, as if cold water were poured over one.

In the diseases of the skin these salts play an important part. Thus the carbonate is of great value not only in itching, burning on the skin here and there, but in rhagadic conditions of the palmar surface of the hands and the tips of the fingers.

The muriate is to be thought of in various forms of scrofulous eruptions, particularly where the whole body is covered with ulcers in scrofulous individuals. These eruptions are usually yellowish, scaly eruptions and in the old fashioned tetter the muriate plays an important part. This is but a superficial study of this valuable part of the *Materia Medica*, and I dare say in study and in practice these things are often sorrowfully neglected to the detriment of suffering humanity.

THE SUB-CONSCIOUS CALCULATION OF TIME.*

By FRANCIS G. SCOTT, M.R.C.S., L.R.C.P.

NATURE has divided time up into years, months and days, whilst man to suit his convenience has made

*From *The Medical World*.

further sub-divisions, namely, into hours, minutes and seconds. These latter are quite arbitrary and artificial. The average civilized man, by frequent practice and reference to his watch is able to judge with very fair accuracy the time of day; but during the hours of sleep he, to a great extent, loses all idea of time, and not all astonished should he wake up during the night to find that he is one or even more hours "out" in his idea of the correct time. It occasionally happens that if one wishes to wake up at an unusually early hour in the morning one is able to do so by impressing one's wish on the mind just before going off to sleep and with practice a fair degree of accuracy can be obtained.

It is not at all easy to calculate time consciously. For instance, make the experiment of judging how long a minute is; try again with other periods, such as twelve minutes, half-an-hour, or twenty-five seconds, and you will find that in all probability none of your estimates are correct. Certain people, on the other hand can subconsciously calculate time with absolute accuracy.

It is now well recognized that the powers of the subconscious mind are enormously greater than those of its conscious counterpart, but this does not explain how it is that the former is able to calculate the artificial divisions of time, namely, the hours, minutes and seconds. Some two years ago a man of five-and-thirty came to me for treatment. He was an epileptic, and suffered from psychasthenia. In addition to prescribing medicine for his complaints I also made use of hypnotic suggestion. He proved to be a remarkably good subject, and went into the deepest state of somnambulism on the first treatment. I soon ceased giving him drugs, and relied entirely on psycho-therapeutic measures. I may state that he has had no return of his epilepsy during the last eighteen or twenty months.

A medical friend of mine (an army surgeon) was home on leave, and asked if I could give him instruction in the uses of hypnotism and suggestion. He was anxious to see some of the phenomena of somnambulism,

so I asked my former patient if he would allow me to make experiments on him. To this he gave his consent and I was thus enabled to demonstrate phenomena such as anæsthesia, hyper-æsthesia, post-hypnotic performance, etc., etc. I may state that my subject was a working man, a painter by trade, and by no means well educated.

I had told my friend of another subject of mine who was able to calculate time subconsciously with remarkable accuracy, and thought it possible that my present subject might have similar powers. I put my subject into the deepest state of sleep. The time was just one o'clock, and I gave the order that he should write down his name and the time on a postcard at the expiration of 2,764 minutes from the present time. The number was chosen haphazardly by my friend and neither of us had any idea at that time when the 2,764 minutes would expire. As a matter of fact the experiment was made at 1 p.m. on a Sunday, and 2,764 minutes would terminate at 11.4 a.m. on the following Tuesday.

The subject on awakening had no idea what kind of experiment had been ordered. He was totally amnæsic of everything that had been said or had taken place during the time he had been asleep. I may say that the man's education is such that he is quite unable, consciously, to work out the number of hours and minutes there are in 2,764 minutes. I had given him a postcard addressed to me in my rooms in London. On arriving there on the Wednesday morning I found the postcard, on which was written, "11.4 a.m. Tuesday, A.B." (the man's initials), thus showing that the subconscious mind had been able to make the calculation with absolute accuracy. Wishing to find out from my subject the means by which he arrived at the correct result, I asked him (through the post) to come and see me on the following Saturday.

His first words to me were, "I hope you don't think me mad for sending you such a postcard" (showing that he had no conscious memory of anything having been said to him at the time the experiment was made). I asked him what made him send me the postcard,

and what had taken place since the time he left me at 3 p.m. on the Sunday. He told me that soon after his return home without any apparent cause four figures came into his mind—2-7-6-4. They were repeated time after time, 2-7-6-4, 2-7-6-4, and when he got to bed he heard his heart beating, 2-7-6-4, 2-7-6-4. He had no idea to what the figures referred. On the Monday there was a slight alteration; he now heard, “2-7-6-4, 1 o'clock,” and even when speaking to a friend he heard “2-7-6-4, 1 o'clock.” On the Tuesday morning he had just left home to go to his work when he suddenly remembered that he had left my addressed postcard in the pocket of his best coat, and something made him go back and get it. It was just 11 o'clock when he suddenly felt that there was something most important that he had to do, and to do it at once. His mind turned to the postcard, and for some reason or another, he knew not why, he wrote on the postcard, “11.4 a.m., Tuesday, A.B.” He no longer heard the 2-7-6-4, 1 o'clock; that ceased directly he had written the postcard.

He asked me if I could explain his very curious experience. What did the figures refer to? He was deeply interested in my explanation, and quite proud that he should have been able to carry out the experiment with absolute accuracy.

Even now one is no nearer in discovering how it is that the subconscious mind is able to calculate these artificial divisions of time; or is it that the subconscious mind is much better at arithmetic than the conscious is? Previous experiments with another subject seem to point that this is not the solution of the difficulty, but rather that the subconscious mind is able to judge with absolute accuracy the sixty seconds of each minute. These experiments of mine are not original. Professor Gregory, in his book on “Animal Magnetism,” and Dr. Milne-Bramwell, in “Hypnotism and Suggestion,” both report the results of their inquiries into the subconscious calculation of time.

LONDON HOMŒOPATHIC HOSPITAL.
REPORT OF THE SIXTY FOURTH ANNUAL
GENERAL MEETING
OF THE GOVERNORS, SUBSCRIBERS AND DONORS,
FRIDAY, MARCH 13TH, 1914.

The Sixty-fourth Annual Meeting of the Governors, Subscribers and Donors of the Hospital was held in the Board Room of the Hospital on Friday, March 13th under the chairmanship of the Treasurer of the Hospital, Lord Donoughmore. Among those present were Lord Newton (Vice-President), Mr. John P. Stilwell, J.P. (Chairman of Board of Management), Mrs. Blackley, Mrs. Brown, Rev. H. and Mrs. Brown-Gold, Miss Brown-Gold, Dr. G. Burford, Miss E. H. Burney, Mr. and Mrs. Butt, Mr. Ralph Callard, J.P., Mrs. Cameron, Dr. Cunningham, Colonel Ditmas, Mrs. Dousy, Lady Durning Lawrence, Sister Firth (Assistant Matron), Mr. Sidney Gedge, Mr. and Mrs. Gold, Dr. Goldsbrough, Mrs. Granville Hey, Sister Francis Hicks, Mrs. and Miss Home, Dr. E. Petrie Hoyle, Miss Lawrence, Mrs. Montague, Mrs. Morgan, Dr. and Mrs. E. A. Neatby, Miss Noble Taylor, Mr. R. C. Owst, Mr. W. H. Peate, Mrs. Richards, Mrs. J. P. Stilwell, Mrs. Southson, Mrs. Shotton, Mr. Hawkins Turner, Miss Turner, Mr. Scott Tanner, Sister Jessie Wallis, Sister Mary Watkinson, Dr. John Weir, Mrs. H. Williams, Miss M. E. Belsham (Matron), and Mr. Edward A. Attwood (Secretary), and a number of subscribers and donors. Letters of regret at non-attendance were read by the Secretary from Dr. Blackley, Mr. R. H. Caird, J.P. (Chairman of House Committee), Mr. W. H. Trapmann (Vice-Treasurer), Mr. Otto Beit, Colonel James Clifton Brown, Mr. E. Clifton Brown, Sir Edwin Durning Lawrence, General Sir Stanley Edwardes, Major Flood Page, Sir Walter Greene, Mr. E. H. Morton, Dr. Byres Moir, The Earl of Plymouth, Sir George Wyatt-Truscott, Bart., Colonel J. C. Tyler, R.E., and Mr. William Willett, Lord Dysart sent the following message :—

“ Lord Dysart wishes me to say that he very much regrets that he will not be able to attend the Annual

General Meeting of the 13th inst., when it would have given him great pleasure to support Lord Donoughmore.

"In conveying Lord Dysart's warm congratulations upon the continued successful work of the Hospital, which reflects so creditably upon those who have given their best efforts to carry on the daily administration and medical work, I am also to express Lord Dysart's hope that the results may become far more widely known, since the appreciation with which they must meet should do a very great deal to break down what he is forced to consider an unfounded and bigoted prejudice.

"Yours faithfully,
" (Signed) WILFRED PRAEGER."

while the Earl of Wemyss and March (the President of the Hospital), who is ninety-six this year, wrote with his own hand the following:—

"3, St. James' Place, S.W.,
" 12th March, 1914.

"DEAR SIR,

"I congratulate you on the good report of the Homœopathic Hospital that is coming out. I would gladly attend the meeting, but am too crippled for such things. I, however, wish all success to Homœopathy to which I attach my physical well-being in a great measure. When I was ninety I was asked to what I attributed my well-being at that late period of life. My answer was: 'To parentage and moderation.' I should have added 'AND HOMœOPATHY,' under which I have been treated since I was twenty.

"Yours faithfully,
" (Signed) WEMYSS."

The meeting was opened with prayer by the Chaplain (the Rev. Harry Stork), and the minutes of the previous Annual General Meeting on March 14th, 1913, having been read and confirmed, the Secretary (Mr. Edward A. Attwood) submitted the Sixty-fourth Annual Report of the Board of Management, which was taken as read.

The Chairman, in moving the adoption of the report, said he had no doubt that many of the subscribers

had already read the report and with great interest. He thought all would agree that the more of the report they read the better it would be for them and the more interesting they would find it. It was a very excellent report and, on comparing it with previous reports, they would be able to congratulate themselves on the result of the work of the Hospital during the past twelve months. He would first like to draw attention to the fact that the Board had received the gracious permission of Her Majesty Queen Alexandra to name the new Children's Ward after her Majesty. That permission was granted last spring, but he, (the speaker) was very careful a year ago, when writing to her Majesty's private secretary, Col. Streatfield, to put the full position before him, and above all the financial position under which the Hospital laboured last year. Having done so, he thought it was his duty to write early this year and inform Col. Streatfield of the fact, of which they were profoundly grateful, that they had not asked for permission to use her Majesty's name in vain, and that the task they had set themselves of raising £16,000 which was required to deal properly with the Children's Ward had been accomplished by the end of last year. (Hear, hear.) The task they set themselves was to raise the amount of the end of December. That was done; it was raised by Christmas Day. (Applause.) He explained that to Col. Streatfield, and he now had pleasure in reading the answer which he had from him a few weeks ago:—

“ Marlborough House,
“ February 24th, 1914.

“ DEAR LORD DONOUGHMORE,

“ Queen Alexandra desires me to thank you very much for your kind letter of to-day, and to say how glad she is to hear that the New Ward in the London Homœopathic Hospital, which bears her name, has been completed and is in use by the children patients.

“ Believe me,

“ Yours very truly,
“ (Signed) HENRY STREATFIELD.”

He felt that that letter was a profoundly satisfactory ending to a profoundly satisfactory episode. (Hear, hear). They would all be glad to notice that the Hospital had been privileged to receive a larger grant from King Edward's Fund, and as one who, he was afraid, had spoken in the past perhaps rather too severely about the Fund, he felt it right to make the following remarks. Last autumn, feeling as they did that they were not as liberally treated by the Fund as they thought they ought to be, Mr. Stilwell, Lord Newton, the Secretary and himself applied for an interview with the authorities of the Fund. They were at once accorded an interview. They went and spent some considerable time with the officials, who received them with every possible courtesy, and heard all they had to say, and they in their turn said a good deal to them, which was extremely interesting and extremely clearing to his understanding of the position. Absolutely nothing was held back from them; the position on which the officials of the Fund felt bound to work was fully explained, and he was bound to confess he came away from that meeting better appreciating the attitude of mind of those who in the past he had criticised somewhat severely. He and his colleagues pointed out that they thought they should have a larger grant from the Fund because of their efficiency. They pointed out facts which were illustrated in the present report—viz., that they combined efficiency with economy in a very marked degree, and that no money was wasted. He came away from the interview with this feeling—that there was not the slightest ground for thinking that the Fund dealt in any way unfairly with them because they were a homœopathic hospital. The reason why they were not so well treated as other hospitals was that there was a difference on financial theory between the Board of the Hospital and the Fund. He could state that difference in a sentence. The authorities of the Fund, in considering the income of a hospital, and therefore in considering what grant should be given it, thought that all legacies should be counted in as income. The board of the Hospital invested all legacies, and the

reason was obvious. Subject to small exceptions, their habit was to put all legacies to capital ; but the Fund, as he had stated, insisted that all legacies should be counted as part of the ordinary income. The result was that they in a year of a large legacy showed a magnificent surplus of income over expenditure when that was done. He thought that their theory was the best, but of course the authorities of the King's Fund were entirely within their right to adopt the view they did, and they could only decide that they must continue to live under that grievance. He did not think they could ever expect any great increase from the Fund, unless of course the authorities changed their policy and realised, as he wished they would, that the financial system adopted at the London Homœopathic Hospital was the better system. The Fund collected £150,000 a year, and some of that money must have been diverted from the channel leading to the hospitals direct, and that being so he thought they had a claim to be remembered, even though they were trying to build up their capital fund. The report spoke of the experience of the Hospital under the first year's working of the National Insurance Act. He was not going to repeat what was said in the report except to say that in one way the result had been satisfactory, because he believed that the result of the Act would be to allow the hospitals to concentrate more particularly upon what he considered to be their special business by relieving them of a certain class of patient who could be treated by the general practitioner. Two "In Memoriam" beds had been endowed last year, one by "A Lady," per Dr. Byres Moir, and another by Mrs. Harold Williams. The work of the Ladies' Guild continued as efficient as ever—it could not be better than it was, and it was doing a noble work for the Hospital. There was a very interesting reference in the report to medical education, which had now been regularly organised at the Hospital, and he would lay stress upon the fact that they invited medical men from all over Europe to come and study their methods, which they believed to be unexampled at any hospital in the world. All such would have a cordial welcome,

and at the present moment they had two Russian students at the Hospital. He could not help striking a personal note in reading the paragraph in the report referring to the death of a former Matron, Miss Brew. He (Lord Donoughmore) remembered well being first brought to the Hospital when quite a child by some members of his family who were interested in a particular patient. Miss Brew was the matron at that time, and she took him in charge and gave him a good time. Her fine personality impressed itself upon his mind, and he would never forget that first visit to the Hospital, now many years ago. Before he concluded he must refer to the finances. It was usual for a Treasurer to sound a warning trumpet as to the need for increasing the funds of the Hospital, if it was to continue to meet the increasing calls upon its activities. He had been saved that necessity on the present occasion by the paragraph in the end of the report, which set out the immediate and pressing needs of the Hospital. He need only repeat that they wanted more money to maintain and improve the work of the Hospital, and he could guarantee that not one half-penny that was given would be wasted or badly spent. The Hospital had increased in size ; they had had more patients during the last twelve months than they had ever had before and they had every reason to feel proud of the way in which the funds were administered. They could not possibly afford to relax their efforts. It must be their constant endeavour to keep progressing as an argument against any attack that might be made by people outside to municipalise our hospitals. They homœopaths were in a peculiar position, because he thought they might say with perfect certainty—unless the date he was speaking of was a good many years off—that homœopathy would not be adopted as a national medical system, if a national system was adopted at all. That was bound to come some day, some of them thought, but not in the immediate future, and if the attack was ever made, and was successful, and they had to put up with municipal hospitals, one thing was quite certain—they as homœopaths would have to appeal for special treat-

ment, and the one argument that must be behind them must be that they were able to show that no one could find a single blot on their efficiency. He was not afraid of that comparison now, and he was not afraid of that comparison in the future, provided that the Board of Management were not handicapped for lack of funds. (Hear, hear). He did not for a moment minimise the generosity with which the Hospital was supported, but he appealed to all present to help them spread the field of their generosity among their friends, and if everybody associated with the Hospital would do their best, he had every confidence of their success in the future. (Applause).

Mr. John P. Stilwell, J.P., Chairman of the Board of Management, seconded the notion. He said he was sure they would have all been interested in the statement which the Chairman had made regarding the interview which they had had last year with the officials of the King's Fund, and he (Mr. Stilwell) might say he was equally pleased with the result as was Lord Donoughmore. There was one point which he urged upon the Fund, and which the Chairman had not referred to, and that was that the small grant given them (and which had been decreased of late years rather than augmented) was taken into consideration by hospital supporters, and the "man in the street" might say : " It this is all you deserve at the hands of the trustees of the King's Fund, surely the hospital cannot be a very deserving one." He thought that that point went home to the authorities, for this past year, instead of giving them £400 they had given them £600. He trusted that in the future they would receive equally liberal treatment, and that they would not be penalised for good management. The very fact of their being able to put away money from time to time from legacies showed that their management was good ; and when they had a deficiency, which occurred nearly every year, they had to make use of part of their reserve until they appealed to their friends to replace the amounts. It was that policy which had enabled them to collect £16,675 in the course of the last twelve months. Such a magnificent collection was a thing

that required special notice from the Chairman of the Board. On behalf of the Board he desired to record their high appreciation of the valuable services rendered to the Hospital in that connection by their Secretary, Mr. Edward A. Attwood (Hear, hear). It gave him great pleasure to say publicly what Mr. Attwood could not put in the report over his own signature. He had much pleasure in seconding the adoption of the report.

The report was adopted.

Dr. Neatby proposed a vote of thanks to the Board of Management and House Committee, Nursing Committee, Treasurer, Vice-Treasurer, Lady Visitors, and Ladies' Guild.

Mr. Ralph Callard seconded the resolution which was carried.

Mr. John P. Stilwell and Mr. Henry Hawkins Turner returned thanks on behalf of the old and new members of the Board.

The Rev. Harry Stork briefly responded on behalf of the Lady Visitors, and spoke of the pleasure which the visits of the ladies brought to the patients in the Hospital.

Mr. Sidney Gedge proposed the re-election of the retiring members of the Board of Management—Mr. Edward Clifton Brown, Mr. Archibald H. Campbell, Lord Newton, Mr. John Scrimgeour, Mr. John A. Watson Taylor, Col. Tyler, R.E., Dr. Giles F. Goldsbrough, and Dr. C. E. Wheeler—and the election of Mr. E. Handfield Morton, Mr. Henry Hawkins Turner and Mr. Robert Clement Owst to seats on the Board.

Dr. George Burford seconded the motion, which was carried.

Lord Newton moved a resolution for the re-election of the Medical Staff; the confirmation of the appointments of Mr. James Johnstone, Surgeon; Dr. H. E. Deane, Physician; Dr. Margaret Tyler, Assistant Physician; Dr. E. L. Rowse, Assistant Physician for Diseases of Women; Dr. Douglas M. Borland, Assistant Physician for Diseases of Children; and a vote of thanks to the Medical Staff.

Mr. R. C. Owst seconded the motion and it was carried.

Dr. Goldsborough, in thanking the meeting for their resolution of thanks, said that the staff felt an increasing interest in their work, and as medical knowledge advanced it implied greater study and greater efforts to put their principles into practice.

Mr. Hawkins Turner proposed the re-election of the auditors, Messrs. Prideaux, Frere, Brown and Hannay for the ensuing twelve months.

Mr. W. H. Poate seconded the motion and it was agreed to.

THE HOMOEOPATHIC CONVALESCENT HOME, EASTBOURNE.

The Secretary submitted the Twenty-fifth Annual Report of the Homœopathic Convalescent Home, Eastbourne, which was taken as read.

The Rev. H. Brown-Gold proposed the adoption of the report.

Dr. John Weir seconded the motion, and the report was adopted.

A vote of thanks was accorded the Chairman by acclamation, on the proposition of Mr. Sidney Gedge; and Lord Donoughmore having briefly responded, the proceedings terminated

ACTÆA RACEMOSA.—A man, aged 40, robust, hitherto healthy with the exception of two attacks of slight articular rheumatism, was affected after the rheumatism had gone with noises in both ears. The hearing was not affected, but the noises, which were of a blowing character, had tormented him for half a year, and caused him much distress. He first got *Bryonia* 6, then *Rhus* 6. These remedies were given for several weeks without result. *Pulsatilla* and *Belladonna* were equally useless. Having read in some journal that *Actæa* in low dilution or mother tincture had cured some cases of tinnitus, I gave the medicine in the 6th dilution. The results was negative, so I then gave *Actæa* 1x, eight drops in a tumbler of water, a spoonful of this every three hours. At the third spoonful the patient heard a sudden loud crack in both ears, and immediately afterwards amelioration of the hearing, subsequently complete restoration of it. Several months have since elapsed without any relapse.

Olive, *Revista Homœopatica*.

HOSPITALS AND INSTITUTIONS.

LEICESTER.

THE Leicester Dispensary reports a considerable reduction in membership through the working of the Insurance Act. This, however, may be regarded as inevitable. There are 305 members in the Provident Department, and 2,821 prescriptions have been dispensed, so that obviously a good deal of work is being done. There is still a good balance in hand.

The Highfield Hospital issues a report with admirable photographs. The Hospital has had a year of steadily advancing activity and prosperity, and its facilities for private cases are being made use of largely and increasingly. There is a deficit on the year's working, but the prospects are good for clearing it off. One hundred and nine patients were treated, with only three deaths, an excellent record.

CROYDON.

THE fifteenth annual report of the Croydon Dispensary, states that the Insurance Act has influenced their returns considerably, but as the Croydon doctors are all on the panel, there is no reason to think that patients are lost to Homœopathy. Dispensary attendances are 3,845 for the year. Of Home visiting tickets 199 were issued. This is actually an increase, and on the whole the Croydon doctors consider that Homœopathy has rather gained than lost under the working at the Act. The dental work is being well maintained. There is a small balance in hand at the end of the year.

PLYMOUTH.

THE Plymouth Hospital dealt with 274 cases last year of in-patients, 1,545 casualties, 741 medical outpatients (attendances 2,671) and 199 home visits were paid. This is a big year's work. There is one regret to see a deficit in the year's working besides the big building debt. The institution is of the utmost

importance to Plymouth and to the cause of Homœopathy in the west. We cannot help expressing the hope that some of our wealthier supporters will come to the aid in so good a cause.

FOLKESTONE.

THE Folkestone Dispensary has had a good year; 488 cases have been treated, 410 at the Dispensary and 78 at their homes. There have been no deaths. The dental officer has treated 35 patients. There is a small balance in hand so that the present position is satisfactory.

SOUTHPORT.

THE needs of this hospital are round about £1,000 a year, and by a very great effort, the current expenses of last year were all but met. But the bank debt of £950 remains a heavy encumbrance, and we would urge any who can afford it to remember the needs of Southport. Seventy-eight patients were admitted and there were only three deaths. A pleasant feature of the Annual Meeting was the presence of the Mayor, Dr. Limont in the chair, an orthodox physician showing his interest in and sympathy with the work of the hospital.

NOTIFICATION.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. A. CUNNINGHAM.

Dr. Cunningham's Telephone No. is 2431 Hornsey.

SPONTANEOUS CURE OF RENAL TUBERCULOSIS.—Harbitz (*Norsk Mag. f. Lægevid.*, Nov., 1913) has been able to demonstrate eleven times at autopsies the presence of healed renal tuberculosis in individuals who had died from other diseases. This proves that a chronic tuberculosis of the kidney can become encapsulated and completely at rest. It was further shown that the affection may be prolonged over one or two decennia. In several cases healed tuberculosis of the bladder was also found.

SOCIETY'S MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

AT the meeting of the British Homœopathic Society on March 5th, Dr. T. G. Stonham read a paper entitled "Some Pulmonary cases treated with Endotoxins." Dr. Stonham gave details of seven cases of asthma, pulmonary catarrh, and such complaints, treated with endotoxins, made from the patients' own secretions (sputum or nasal discharge) and potentised to the 4th or 5th decimal trituration, and to the 30th centesimal. These were of course given by the mouth. The results were distinctly encouraging, in most cases both the patient and the local condition being much benefited. The endotoxin was usually administered in single doses every ten days. In one case anaphylaxis was set up, a condition of such sensitiveness to the remedy that every succeeding dose in any potency produced a worse and worse aggravation, without any subsequent amelioration.

In five of the seven cases, aggravation followed the first dose, but relief followed. No difference in effects seemed to be produced with the 4x or the 30.

The lecturer concluded that endotoxins undoubtedly held a useful place in treatment, but required careful handling.

Dr. J. G. Hare followed with a paper on "The Problem of Anaphylaxis," which was of a more technical nature than the preceding paper. We hope to publish this paper later.

A good discussion followed, some members protesting against the modern use in pathology and medicine of difficult names which very few understood, when simpler English equivalents could be used.

The Dinner Club met as usual at the Holborn Restaurant.

Veratrum album is a neglected remedy in pulmonary diseases. It should be remembered when there is a great quantity of mucus in the bronchial tubes that cannot be coughed up, wheezing and coarse râles; the coughing paroxysms are worse at night. Face blue and much anguish. Cold perspiration.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

RECEIPTS FROM FEBRUARY 16TH TO MARCH
15TH, 1914.

Subscriptions.

Dr. A. Speirs Alexander	..	..	..	..	1	1	0
W. H. I. Pryer, Esq., J.P.	..	..	..	..	1	1	0
Miss A. P. Fowler	..	..	..	..	1	1	0
G. P. Watkins, Esq.	..	..	..	..	10	6	
Miss Eade	..	..	..	..	5	0	
Mrs. Reeve	..	..	..	..	2	6	
Dr. and Mrs. Harris	..	..	..	..	1	1	0
W. Penfold, Esq., L.D.S.	..	..	..	..	1	1	0
W. Wilkinson, Esq.	..	..	..	..	1	0	
Mrs. Evans	..	..	..	..	5	0	
Mrs. Kimber	..	..	..	..	5	0	
Miss Carter	..	..	..	..	5	0	
Dr. E. G. March	..	..	..	..	1	1	0
Messrs. Gilbert & Hall	..	..	..	..	1	1	0
Mrs. Hope Willson	..	..	..	..	5	0	
H. Footner, Esq.	..	..	..	..	5	0	
Mrs. Butt	..	..	..	..	10	6	
A. S. Thew, Esq.	..	..	..	..	1	1	0
Dr. A. S. Kennedy	..	..	..	..	5	0	
Dr. A. Roberts	..	..	..	..	1	1	0
Mrs. Gresham	..	..	..	..	1	1	0
A. J. Latham, Esq.	..	..	..	..	1	1	0
Miss Nevile	..	..	..	..	10	6	
Dr. A. Speirs Alexander	..	..	..	..	1	1	0
E. Ford Duncanson, Esq.	..	..	..	..	2	2	0
Dr. Granville Hey	..	..	..	..	1	1	0
Dr. Nankivell	..	..	..	..	1	1	0
Miss Preston	..	..	..	..	10	0	
Miss Walford	..	..	..	..	10	0	
Mrs. Elliott	..	..	..	..	5	0	
Mrs. Thomson	..	..	..	..	1	0	0
Mrs. Bromley	..	..	..	..	2	9	
Miss McBride Broun	..	..	..	..	10	6	

THE NATIONAL HOMŒOPATHIC FUND.

Subscriptions.

Mrs. Oliver	..	..	..	..	..	3	3	0
J. C. Weston, Esq.	..	..	..	..	..	1	1	0
Mrs. Eugene White	..	..	..	..	..	1	1	0
Mrs. German	..	..	..	..	..	1	1	0
Miss Maude Hook	..	..	..	..	..	1	1	0
Messrs. Keene and Ashwell	..	..	..	..	..	1	1	0
P. Harrison, Esq.	..	..	..	..	..	1	1	0

GENERAL FUND.

Donations.

The Right Honourable the Earl of Dysart	..	500	0	0
Miss Epps	..	1	1	0
Mrs. Brotherton	..	5	0	
Mrs. Gaze	..	2	6	
Mrs. Corbould	..	2	0	

COMMITTEE MEETING.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on March 17th.

LECTURES.

The Chalmers House Course of Lectures, begun in October and continued during the Winter Session, was concluded on March 11th. Dr. Wheeler, who had dealt in the previous lectures with the "History, Theory and Practice of Homœopathy" with its beginnings, early growth and spread, and with the strengthening of its case on the one hand by the discoveries of biology and on the other by the results of laboratory experiments conducted by non-homœopaths—met in this final lecture of the course, that oft-encountered objection: "Why is Homœopathy to-day the profession only of such a small minority?" The lecturer pointed out cogently enough that whereas the violent opposition of the "orthodox" in Hahnemann's day was based largely upon self-interest (particularly on the part of the chemists) and largely upon what might be called "invincible ignorance," the opposition of a later day was based upon an inherited tradition of prejudice, and that at this moment Homœopathy was by thousands condemned unheard and untested, simply on the strength of the reputation (deservedly high in all other professional matters) of leading medical men who had never troubled to make such investigation of the subject as was necessary to invest their opinions on this particular matter with any scientific value whatever.

Dr. Wheeler made a powerful statement of the case for organising, the imperative need of the homœopathic minority to concentrate their forces, and by their individual support to build up their central organisa-

tion—the British Homœopathic Association—to be a tower of strength to all the scattered units ; lest, lacking united strength, the units of the minority—individuals and institutions—should in the weakness of isolation be crushed out.

The lecturer ended on a plea for humility, a reminder that a minority with a truth to guard and spread, vigorous in organisation, untiring in the forward movement of pioneers, should yet be mindful of the infinite reaches of knowledge still beyond them, open-eyed and open-minded always for further developments of truth.

PROVINCIAL MEETINGS.

Two important provincial meetings were held under the auspices of the Association last month.

On March 4th a large and much interested gathering of homœopaths and enquirers met at "Lindisfarne," Bournemouth, by the kind permission of the Dowager Countess Cairns, to hear an address by Dr. Wheeler on the work of the Association. Mr. Lee Mathews, Chairman of the Council, presided, and spoke impressively on the attitude of the central organisation to the local homœopathic institutions all over the country—an attitude of support and helpfulness, never of rivalry. Dr. Wheeler pointed out how Bournemouth's local homœopathic institution, the Hahnemann Home, took patients from every part of England, and being thus peculiarly entitled to outside support, was peculiarly able to appreciate the claims of a central institution, such as the B.H.A., whose services were for the whole homœopathic community and whose support must therefore come from every homœopathic quarter.

Dr. Ord gave an admirably concise and piquant summary of the principle of Homœopathy, its triumphant record (notably in the great cholera epidemic of 1854) and the unreasonable attitude sometimes adopted by sufferers from chronic complaints who, having explored the resources of allopathy for months or even years, "try" homœopathy for a few days and pronounce against it on the score of its having failed in that period to effect a cure.

The Secretary is still receiving the names of new subscribers to the Association, whose interest in its work was aroused at this meeting.

On March 10th the Committee of the Folkestone Homœopathic Dispensary organised a very well-attended meeting at Wampach's Hotel, Folkestone, for which nearly 300 tickets were sold, and this gathering, numbering many non-homœopaths, immensely appreciated a most interesting address by Dr. Wheeler on "Homœopathy in the Year 1914." A feature of the lecture was the exhibition of some of the lantern slides prepared by the International Homœopathic Council and kindly lent by them for the occasion. Much gratification was expressed at the donation of £5 from the Association to the funds of the Dispensary, which Dr. Wheeler announced in acknowledging the vote of thanks.

Absinthium.—Nervous, excited, sleepless children, tendency to convulsions.

THE PANCAKE.—Although there is some obscurity surrounding the origin of the pancake, it is certain in early times to have been associated with more or less hilarious proceedings, whether religious or pagan in origin. One obvious inference is that Shrove Tuesday, or pancake day, was made a festive occasion in view of the approach of the fasting season. The pancake would thus seem to have symbolized a sort of joy-day on which the people meant to have a fling before dietetic restrictions were imposed upon them, and while the full effect of shriving was to be felt. Considered from a physiological point of view, the custom of eating pancakes is commendable; it is a satisfactory fact that they have become popular sweets at other seasons than Quinquagesima, for they are nourishing and digestible food. A review of the ingredients which provide the formula shows at once that the pancake is a singularly complete diet, containing, that is to say, all classes of food materials. It is rich alike in proteins, carbohydrates, fats, and mineral substances, all in an acceptably assimilable form. It is doubtful whether there is a single manufactured or patent food upon the market which can claim such a valuable range of dietetic properties. Apart, moreover, from its dietetic value the pancake possesses an important pharmacology, inasmuch as it is rich in lecithin, which is now known to have a special significance in the processes of nutrition and metabolism.

OBITUARY.

DR. WILLIAM BRYCE.

HOMŒOPATHY in Edinburgh is hardly conceivable without Dr. Bryce, but as he had reached the great age of ninety-three we have cause to rejoice that his great powers were so long exerted in our cause. He qualified in Edinburgh, and was converted to Homœopathy by Dr. Henderson. His contributions to our literature were valuable though not numerous, and as a physician his judgment and mature experience were very noteworthy. His eldest son is Professor of Anatomy at Glasgow. We trust that, although his place is hard to fill, Homœopathy in Edinburgh will find a worthy successor to him who has carried the standard so long and with such success.

ARSENIC.—After administrations of *arsenic*, the drug can be detected in all parts of the organism, but the various parts can be arranged in the following descending order as regards their *arsenic* content : Nails, hair, spleen, thyroid gland, skin, lungs, liver, kidneys, heart, sacrum, muscle, generative organs, and brain. *Arsenic* commonly occurs in the hair, even when absent from all other parts. Normally, urine contains no *arsenic*, or only traces. Soon after administration it can be detected in the urine, and soon disappears again in ten to twelve days after administration ceases. A small amount of *arsenic* appears in human milk. Both in man and animals only traces of *arsenic* are found under normal conditions, and this appears to have no physiological significance and to be absorbed merely in the form of impurities in food, etc.—W. H. BLOOMENDALE, Arch. Pharm.

THE PERIOD OF INCUBATION OF ACUTE ANTERIOR POLIO-MYELITIS.—Schougl, of Linköping, Sweden (*Deutsche Med. Wchenschr.*, No. 11, 1913) observed nine cases of infantile paralysis that occurred after a short visit of a child affected with the disease to two families living in different districts, in which the disease had never previously been present. In this epidemic it was possible to fix the period of incubation with very great probability to about four days. According to the author the infection cannot very well be carried by flies, as has been supposed, as epidemics are frequent in Sweden during the winter, but it is probably conveyed by direct contamination of the secretion of the mouth or nose.

CORRESPONDENCE.

[To THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—The argument of the Rev. E. E. Jungerich reminds me of the man who, when told that his theories did not harmonize with certain established facts, replied, "So much the worse for the facts." "The proof of the pudding is in the eating." For over forty years I have practised Homœopathy, strictly according to the *Organon* and Chronic Diseases, and I have never once found Hahnemann's practical teaching to be wrong. I have all this time used the highest potencies, and am I to disbelieve in their efficacy on account of a mere theory?

However, if this follower of Swedenborg desires a valid theory of the action of infinitesimals, I advise him to read "The Evolution of the Cosmos," published by C. W. Pearce & Co., 139, West Regent Street, Glasgow, price 2s. 6d. On pp. 115-125 the matter is thoroughly worked out.

Yours truly,

E. W. BERRIDGE, M.D.

193, Gloucester Terrace,
Hyde Park, W.

March 3rd, 1914.

[To THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

Re HOMŒOPATHIC CHEMISTS.

DEAR SIR,—It is time attention was called to the very inefficient services rendered to us by our Homœopathic Chemists on Sundays, in London. Some simply shut up shop and go away altogether, others have certain hours when they are supposed to be in attendance.

I was called to see an American patient to-day (Sunday) on a visit to this country. I endeavoured to telephone to a Homœopathic Chemist during his "hours." The telephone either was out of order or possibly some one at the chemist shop did not understand how to use it, at any rate the word *Waldorf*

completely bowled him over. So I gave it up and sent a messenger who arrived during the chemist's "hours" but found the shop closed!

I next sent to another West end firm and with a similar result, and lastly sent to Mr. Aukland, 96, Camden Road, who was at home, at his post of duty as he always is, and he was able to dispense the prescription.

The Americans naturally draw comparisons between their country and ours to the disadvantage of the latter.

It is time, Mr. Editor, this matter was taken up. We have seen our chemists moving into back streets, and by such slackness on Sundays as I have instanced, they are doing no end of harm to homœopathy.

Dr. Petrie Hoyle in his splendid lecture on March 13th told us there is attached to the hospital at St. Petersburg a pharmacy managed by the hospital, where the public can obtain *pure* homœopathic medicines.

It would be well to do the same at our London Homœopathic Hospital, so that we could rely on our medicines and what is more to the point, always, night and day, be able to get them! Patients *will* be ill on Sundays sometimes in spite of the views of our chemists.

I am, yours, etc.

A LONDON HOMœOPATHIC PHYSICIAN.

March 15th, 1914.

[TO THE EDITOR OF THE "HOMœOPATHIC WORLD"]

SIR,—From several facts which have recently come to our knowledge, we believe some chemists are under the impression that the word "Perloid" can be applied to any medicated disc. This is not so; the word "Perloid" denotes special products of our firm, and it is illegal to apply the word to any other product. "Perloid" is our registered trade mark, denoting not merely a medicated disc of our manufacture, but one that contains an exact amount of tincture, or a given weight of trituration.

Perloids are never sent out in an unmedicated condition, so that no one can legally dispense them except as obtained from us direct, or through the wholesale houses.

We are, Sir,
Yours truly,
KEENE AND ASHWELL, LTD.

VARIETIES.

Gymnocladia.—Dr. C. F. Bingaman reported a case of headache in a man, for which *Belladonna* was seemingly indicated, but proved ineffective. The peculiar bluish-white coating of the tongue attracted his attention, and finding this objective symptom in the proving of *Gymnocladia*, he gave it, with prompt relief following.

PAROXYSMAL CŒDEMA OF THE LUNGS.—Four cases of a condition which, though not very rare, has received scant attention in the text-books—paroxysmal œdema of the lungs—are reported by Mr. C. E. S. Flemming in the *Bristol Medico-Chirurgical Journal* for June. The pathology of this condition is somewhat obscure, but its clinical features are very definite. Mr. Flemming gives the following excellent description. The attack usually commences with some irritation in the throat, tickling, and a feeling of dryness with slight cough. There is a fear that something serious is happening; in later attacks this fear amounts almost to terror. The patient cannot, dare not, lie down. Breathing at once becomes rapid and the face looks anxious and pale. The skin is cold and moist. The cough grows more distressing, and frothy, coagulable fluid, frequently blood-stained, is expectorated. The chest is rapidly filled with râles. The pulse is small and quick. The breathing becomes more distressing, and the expectoration at times becomes more profuse. This condition lasts from half an hour to an hour and a half. Gradually the breathing becomes deeper, easier, and quieter, the pulse fuller and less rapid, and the skin resumes its normal colour and warmth. The patient is thankful for the relief, but too apprehensive of recurrence to sleep soundly. Air now enters the chest freely, but râles persist over the greater part of one or both lungs. In one or at most two days all signs of œdema disappear, and the attack has passed off to return, it may be in a week or two, or not for months. The onset is nearly always at night, within two or three hours of bed-time. Mr. Flemming has never been able to satisfy himself as to an exciting cause. An attack was generally attributed to one of those things which happen so frequently that they were possibly mere coincidences—e.g., worry, excitement, a cold wind, a hot day, fatigue, some food that might have disagreed, a crowded room, going upstairs. The four patients were equally divided

between the sexes. The youngest was a woman, aged 54 years, and addicted to alcohol. She had a high-tension pulse, and a trace of albumin in the urine. The first attack passed off rapidly. A month later another occurred, and although the lungs cleared up quickly, the general condition was not good, and she remained weak and the pulse continued fast. Ten days after the second attack, the lungs were quite clear and she seemed decidedly better. Mr. Flemming had not left the house two minutes when he was called back and found her struggling for breath. There were rales all over the chest, and watery fluid was freely expectorated. She became deeply cyanosed and died in two hours, apparently from heart failure. Another woman, aged 70 years, was the hard-working wife of a labourer. She had mitral incompetence for six months and thickened arteries, but no albuminuria. Typical attacks occurred at intervals of a few weeks. After a few months she became distressed and drowned herself. In a man, aged 68 years, there were an apex beat in the nipple line, thickened arteries, a pulse tension of 180, a good deal of dyspnoea, and palpitation on exertion. He was a heavy smoker and eater. Two paroxysms of oedema occurred at an interval of about a month, and the second was fatal. The longest case occurred in a man aged 71 years. For two or three years he had shown various evidences of arterial degeneration. The blood pressure was 140 and the urine normal. For two years the attacks occurred at irregular intervals, and he eventually died of heart failure. In this case the attacks were followed by dulness over the lower half of the right chest. The condition present in these cases is frequently termed acute oedema of the lungs, but paroxysmal oedema is a better name, as it is thus distinguished from the acute oedema of pneumonia, influenza, mitral disease, and Bright's disease. Mr. Flemming points out that in its mode of onset and in the general appearance of the patient the condition bears a curious resemblance to cardiac asthma, but is much more alarming. Various theories have been advanced to explain it. The most plausible is that the left ventricle fails to contract properly, so that with every beat it passes on less blood than the right. The result is that the pulmonary vessels rapidly become engorged. Professor Welch produced acute oedema in the rabbit's lungs by squeezing the left ventricle and so paralyzing it. As the descriptions given show, there is clinical evidence of failure of the left ventricle. With regard to treatment, Mr. Flemming found that nitrites in any form were useless, which the view of the pathology given explains. Hot fomentations gave some relief, but did not seem to cut short an attack. Of the value of stimulants there was no evidence. Oxygen given freely gave decided relief and seemed to shorten the attack. But nothing gave such relief as hypodermic injection of *Morphine* and *Atropine*.—*Lancet*.

Allium sativum.—Coryza, with pressive pains from above root of nose, catarrhal deafness; smarting lachrymation, tickling and raw feeling in throat.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose, Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and (Out Patients Saturday mornings) ; and Wednesday, Thursday and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays and Fridays, 2.0 p.m. ; Physical Exercise Department, every day except Saturday at 9 a.m.

To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- | | |
|---|--|
| Barcroft (Joseph). The Respiratory Function of the Blood. 8vo, pp. 330. (Camb. Univ. Press. Net 18s.) | Howard (Russell). The Practice of Surgery. Illustrated. Roy. 8vo, pp. 1,236. (E. Arnold. Net 21s.) |
| Biggs (G. N.). Diseases of the Ear, Nose and Throat. Cr. 8vo, pp. 480. (Hodder & Stoughton. Net 10s. 6d.) | Kellogg (J. H.). The Art of Massage 6th revised edition. 8vo. (H. Camp Net 9s. 6d.) |
| Brunton (Sir Lauder). Therapeutics of the Circulation. 2nd edition. Cr. 8vo, pp. 560. (J. Murray. Net 5s.) | Medical Register (The). 1914. Royal 8vo. (Constable. Net 10s. 6d.) |
| Burgess (Mildred M.). Health. With some Original Illustrations by Eleanor M. Cartwright. Cr. 8vo, swd. pp. 184. (H. K. Lewis. Net 1s. 6d.) | Mercier (Charles Arthur). Astrology in Medicine. (The Fitzpatrick Lectures.) Cr. 8vo, pp. 108. (Macmillan. Net 2s.) |
| Cornet (G.). Acute General Miliary Tuberculosis. 8vo. (Bale. Net 6s.) | Middlesex Hospital ; Archives. Vol. 30. 8vo, swd. (Macmillan. Net 7s. 6d.) |
| Fernie (W. T.). Herbal Simples, approved for Modern Uses of Cure. 3rd edition, revised and enlarged by some additions from "Meals Medicinal." Cr. 8vo, pp. 628. (Simpkin. Net 6s. 6d.) | Nicholson (P.). Blood Pressure in General Practice. 2nd edition. Cr. 8vo. (Lippincott. Net 6s.) |
| Gibson (Alexander G.). A Handbook for the Post-Mortem Room. (Oxford Medical Publications.) 12mo, pp. 148. (H. Frowde. Net 3s. 6d.) | Silk (J. F. W.). Modern Anæsthetics. Cr. 8vo, pp. 212. (E. Arnold. Net 3s. 6d.) |
| Hartenberg (Paul). Treatment of Neurasthenia. (Oxford Medical Publications.) Cr. 8vo, pp. 292. (H. Milford. Net 6s.) | Wallace (J. Sim). Dental Diseases in Relation to Public Health. Cr. 8vo, pp. 90. (Dental Record. Net 3s.) |
| | Young (C. W. F.). Annual Report of the County Medical Officer of Health for the Year 1912. Cr. 8vo, pp. 240 (Harrison.) |

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Day, London—Dr. Berridge, London—Dr. John Hayward, Birkenhead—Messrs. Keene & Ashwell, London—W. Lewis, Esq., Plymouth—Dr. Serkoff, Moscow.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathia.—Ind. Hom. Rev.—Hom. Envoy.—The Chemist and Druggist—Medical Century.—Rev. Hom. Française.—H. Recorder.—L'Om̄iopathia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New

Eng. Med. Gaz.—L'Art Médical.—Hom. Jour. of Obst.—Annals de Med. Hom.—Century Path.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Zoophilist—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Från Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Journal of the S.P.R.C.—Jottings by an Octogenarian M.D.

The Homœopathic World.

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Propagandist Activity in America.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS:

Intellectual Difficulties of Homœopathy. By Rev. E. E. Ungerich and Dr. T. Miller Neatby.

Two cases of Chronic Eczema Cured by Injections of Isotonic Sea Water. By Arthur G. Sandberg, M.D.

NOTIFICATIONS:

Dr. A. T. Cunningham.

SOCIETY'S MEETING:

British Homeopathic Society.

BRITISH HOMEOPATHIC ASSOCIATION (INCORPORATED):

Receipts from Jan. 16th to Feb. 15th.
Meetings.

EXTRACTS:

Bezredki's Sensitized Vaccine.
Eucalyptus Globulus. By A. L. Blackwood, M.D., Chicago.

OBITUARY:

Dr. Murray Moore.

REVIEWS:

Dr. Bernstein on Dermatology.
A New Edition of Nash.

CORRESPONDENCE.

VARIETIES.

Medical and Surgical Works.

To Contributors and Correspondents.

THE
HOMŒOPATHIC WORLD.

MAY 1, 1914.

EXPERIMENTS.

WE have the honour this month to reprint Dr. Mellon's article on *Baptisia*, and we need hardly underline its significance for our medical readers. For the layman, it may be well to say that it affords good evidence that this drug has the power to increase specific bodily resistance to a specific bacillus. Now when it is remembered that *Baptisia* on grounds of symptomatic similarity *alone* (Symptom Totality) has been found of value in enteric fever, this demonstration that it can supply a stimulus to a specific process of resistance to enteric fever is obviously a great confirmation of the value of choosing a remedy on a basis of similar symptomatology. And all homœopathists should try to get this piece of evidence noted. These experiments come in to confirm earlier ones on opsonic indices, and the effects of drugs thereon, and it is of the highest importance to increase and multiply them until the ears most wilfully deaf are made to listen.

NEWS AND NOTES.

THE ANNUAL MEETING OF THE B.H.A.

THE British Homœopathic Association holds its Annual Meeting for the adoption of the Report and Election of Officers on May 5th at 43, Russell Square, at 4 p.m. Sir George Wyatt Truscott will take the chair.

LONDON HOMŒOPATHIC HOSPITAL,
SUMMER SESSION, 1914.

A SUMMER Post-Graduate Course of Lecture Demonstrations will be held at the Hospital as follows, on Fridays in May and June, at 5 p.m.

- May 1. Homœopathic Theory and Practice, by Charles E. Wheeler, M.D., B.Sc.
- ,, 8. The Treatment of Some Common Diseases of the Rectum, by Dudley D'A. Wright, F.R.C.S., Eng.
- ,, 15. Homœotherapy in Ophthalmic Practice, by A. Speirs-Alexander, M.D.
- ,, 22. Thoracic Aneurism, by T. Miller Neatby, M.A., M.D.
- ,, 29. Epithelioma of the Vulva, by Edwin A. Neatby, M.D.
- June 5. Chronic Abdominal Conditions, by C. Granville Hey, M.B., C.M.
- ,, 12. Functional Nervous Diseases of Childhood, by Douglas M. Borland, M.B., Ch.B.
- ,, 19. The Efficacy of Homœopathic Treatment in Chronic Diseases, by John Weir, M.B., Ch.B.

All the Lectures will as far as possible be illustrated by Cases.

All medical men are invited to these Lectures on presentation of their address card.

A CHARITY FARCE.

WE make no apology for referring our readers again to the pamphlet reprinted from *Truth*, with the above title, copies of which can be obtained from Mr. Attwood at the London Homœopathic Hospital, because the Cosmopolitan Homœopathic Institute is, we learn, still actively inviting subscriptions. We cannot see with equanimity money devoted to this so-called charity which in our judgment would be of so much more use if given to causes whose Homœopathy is

more assured, and their administration less open to the strictures passed on the "Cosmopolitan" by our lynx-eyed contemporary.

OREODAPHNE CALIFORNICA.

DR. J. M. MOORE took five drops of tincture and experienced no symptoms, except a confusion of the head. After six hours ten drops more were taken and dizziness, worse on stooping or on moving about, came on, followed by a dull pressive fronto-occipital headache. This headache passed off during a night's rest. Olfaction of the tincture produced a more intense headache of a similar nature. After a few inhalations, often only one, the following sensations were produced: An intense aching, with pressure at the inner angle of the orbit, right or left, generally left, but never in both simultaneously, extending through the brain and across the scalp to the base of the occiput. This headache lasted from half an hour to seven hours, was aggravated by light, noise, and moving, and relieved by closing eyes and perfect quiet. Other provers have experienced similar neuralgic aching.

STUDIES IN REGARD TO THE ACTION OF QUININE ON THE MALARIAL PLASMODIA.—II.

Under the above heading, Dr. Conrad Wesselhoeft presents the second detailed report of his work in the Evans Memorial. The earlier report is published in *The New England Medical Gazette*, February, 1913. The second report appears in full in the same magazine of the issue December 1913. The following summary concludes this scholarly report:

1. Pure *quinine* dissolved in defibrinated blood has a definite influence on the plasmodium vivax outside the body when in a solution of approximately 1:2000, causing the cessation of motility, as determined by the pigment granules, to occur earlier than when the drug is omitted.

2. Outside the body a saturated solution of *anhydrous quinine* in defibrinated blood, which is approximately

not weaker than 1 : 2000, causing a cessation of motility in the plasmodium vivax in twice the time required to cause the disappearance of these plasmodia from the peripheral blood of the patient, where, by the oral administration of fractional doses of *quinine sulphate*, the alkaloid is approximately not stronger than 1 : 150,000.

3. The presence of *anhydrous quinine* in defibrinated blood outside the body does not cause the disintegration and disappearance of the parasites to anywhere near the same degree as takes place in the patient's peripheral blood during the administration of *quinine sulphate* G.05 every two hours.

In view of these facts we conclude that the action of *quinine* on the plasmodium vivax outside the body is distinctly less marked than the action of *quinine sulphate* G.05 every two hours.

In view of these facts we conclude that the action of *quinine* on the plasmodium vivax outside the body is distinctly less marked than the action of *quinine* on these parasites when administered to the patient.

The evidence at hand suggests the theory that the curative action of *quinine* in malaria is dependent on an indirect action of the drug, whereby the specific resisting forces of the body are stimulated to greater activity, rather than to a direct parasitical action on the plasmodia.

HOMOEOPATHY IN INDIA.

FROM our colleague Dr. Ray we learn that homœopathists in Bengal regard the Medical Bill of last year as militating unfairly against them. They are working to get a hearing for their cause and we are sure the sympathy of all organized Homœopathy in England will be with them.

A CASE.

OUR veteran colleague Dr. T. Simpson writes:—

“ Having just witnessed a rapid cure of a chronic-varicose indolent ulcer in a woman aged 54, I make no apology to my friends for explaining the simple method

adopted. On the 27th of January, 1914, she wrote : ' I am bad again, after three years respite, from the painful ulcer, which was cured by you in 1910 ; it is now an open wound, very painful, inflamed and swollen up to the ankle ; I have rested my leg as much as I could, in bed for a week, applying " slippery-elm poultices," ' I sent her a prescription of *Calendula Lotion* (1 dram to 11 drams of water) to be applied as an evaporating lotion, and as an internal remedy *Arsen. alb.* 6, $\frac{1}{2}$ gr. thrice daily, and now she is quite free from all pain and swelling, the ulcer healed, she is cured and the friends are greatly surprised. I venture to recite this instance of speedy relief.'

B.H.S. GOLF TOURNAMENT, 1914.

1	Bye A. Bird	-	-	}	-	}	
2	Bye J. Weir	-	-	}	-	}	
3	Bye Knox Shaw	-	-	}	-	}	
4	Bye E. Capper	-	-	}	-	}	
5	J. Watson	-	-				
6	W. Thomas	-	-				
7	C. Pritchard	-	-				
8	C. Greig	.	-				
9	B. Nankivell	-	-				
10	F. Shaw	-	-				
11	E. Cronin	-	-				
12	H. Mason	-	-				
13	J. Johnstone	-	-				
14	G. Goldsbrough	-	-				
15	D. Renton	-	-				
16	C. Wheeler	-	-				
17	H. Ramsbotham	-	-				
18	J. Eadie	-	-				
19	E. Neatby	-	-				
20	N. Grace	.	-				
21	G. Hare	-	-				
22	Byres Moir	-	-				
23	Bye J. Powell	-	-				
24	Bye T. Ord	-	-				
25	Bye V. Green	-	-				

First round to be completed by May 31st.
Second round to be completed by June 30th.
Third round to be completed by July 31st.
Fourth round to be completed by August 31st.
Final round to be completed by September 30th.

RULES FOR GOLF TOURNAMENT 1914.

Members to play on their lowest handicap, at any club at time of match. Any player not having a handicap must play at 18.

A player playing on his own links to concede one bisque to the visitor. A bisque is one stroke to be taken at any time during the match.

The first name drawn to write to his opponent to arrange match.

If the match is not played by the end of the month, the Committee shall decide who is to go on to the next round.

The holder of the Dudgeon Cup to deduct one stroke from his handicap.

The final round of thirty-six holes to be played on a neutral course.

The result of each match to be posted to the Hon. Secretary by the winner without delay.

BYRES MOIR,
Committee { C. KNOX SHAW,
H. WYNNE THOMAS, *Hon. Sec.*

April 2nd, 1914.

GRAPHITES.—It is no theoretical assertion to state that a complimentary relationship exists between *Graphites* and *Argentum nitricum* in certain gastric derangements. In these cases the action of the former remedy is largely helped out and completed by the action of the latter. Given cases who complain of a bad taste in the mouth, no special desire for, and sometimes, a loathing for food, belching of gas, and inability to digest carbohydrates, the administration of a few doses of *Graphites* in the morning followed by *Argentum nitricum* in the afternoon has produced very happy results. One case in particular, which gave the above symptoms, and which had suffered for months, was relieved in a day and apparently cured within a week by the above treatment.—A. E. Hinsdale.

ORIGINAL COMMUNICATIONS.

THE EFFECT OF BAPTISIA IN THE PRODUCTION OF TYPHOID AGGLUTININS.*

By RALPH R. MELLON, M.D., Ann Arbor, Mich.

BAPTISIA has long been known as a drug which produces symptoms of an asthenic type. Among some of its characteristic symptoms are those of the mind. The mental lethargy, the confusion of ideas, the muttering delirium are combined with ideas of multiple extremities separate from the remainder of the body. These the patient constantly tries to assemble, with about as much success as the beginner displays with a Chinese puzzle.

It is not uncommon in typhoid fever to have this mental complex, and I have seen quite marked relief follow the administration of the lower potencies of the drug in cases having these as presenting symptoms.

Such experiences have led me to wonder if the action of this drug could be accounted for on the basis of its agglutinin production. In the beginning, I would like to state that the experiments performed by us represent only a step in this direction, and that many problems have presented themselves in the course of its investigation, the solution of which would be necessary to corroborate our findings. So this in the nature of a preliminary report, in a hope that it will stimulate further research in this direction.

In our work we used two men, as nearly normal as could be procured. During the first week no drug was given, the patients' sera being tested three times to determine their normal agglutinin powers. During the second week, one gram of *Baptisia* 3x, three times a day; third week, one dram 3x, three times a day; fourth week, one dram 1x. t. i. d., and fifth and sixth week one dram of the θ t. i. d.

The following technical routine was employed: A bouillon culture of typhoid, three hours old, was prepared from a stock culture of the bacillus on agar.

* Reprinted from the *Medical Century*.

The culture was always examined in regard to (1) clumping, (2) motility, (3) density. As a rule, in young cultures no clumps are present, but in cases where they were found, the culture was filtered through glass wool and cotton. The cultures must have sufficient motility, as experience has shown that a very active serum fails or only partly agglutinates sluggish bacilli. If the culture was too dense it was filtered through glass, wool and cotton. Since the reaction is in a measure quantitative, such precautions are necessary.

The diluting fluid was a 0.8 C. P. NaCl. The same concentration was used throughout the experiments, as the work of Bordet has shown that in the absence of NaCl. the phenomenon fails to take place. The time limits were 30 and 60 minutes.

The system of diluting was as follows: 3 gtt. bacterial suspension plus one gtt. (1 gtt. serum plus 1 gtt. NaCl) gives a 1 to 8 dilution, and 4 gtt. bacterial suspension plus 1 gtt. (1 gtt. serum plus 1 gtt. NaCl) gives a 1 to 10 dilution, etc., to any desired dilution. Controls of the bacterial suspension with the dilution of salt used were run. All glassware was chemically and bacteriologically clean.

It is undoubtedly true that there is a great variation in the agglutinating content of the sera on normal persons. This can be accounted for in various ways. A moderately high agglutinin reaction can be demonstrated ten to twelve years following an attack of typhoid in a patient who is known to be a carrier of the organism. The absorption of the colon bacillus by its production of group agglutinins for the typhoid bacillus certainly is another factor. Persons who have been exposed to typhoid, even when they have always been free from the disease, are known to have sera which agglutinate the bacillus in higher dilutions than normal.

Reference to Table I. shows that the sera of these provers (whom we shall designate A and B) was examined January 7th, 10th and 14th, 1912, with regard to their agglutinating powers.

CONTROL TESTS (1ST WEEK) NO DRUG GIVEN

Date.	SERUM OF PROVER A (Serio).				SERUM OF PROVER B (Coon).			
	Dilu.	Time Limit	Agg. Results	Control.	Dilu.	Time Limit	Agg. Ees.	Control.
Jan. 7.	1-8	30 min. 60	— Sl. loss mo.	—	1-8	30 min. 60	— Some loss mo.	—
	1-10	30 60	— Sl. loss mo.	—	1-10	30 60	—	—
	1-12	30 60	—	—	1-12	30 60	—	—
Jan. 12	1-8	30 60	— Sl. agg. & loss of motion	—	1-8	30 60	— Part clumping	—
	1-10	30 60	—	—	1-10	30 60	—	—
	1-12	30 60	—	—	1-12	30 60	—	—
Jan. 14	1-5	30 60	— Absolute no agglu. or loss of motil.	—	1-5	30 60	— Absolutely no agglut. or loss of motility.	—
	1-8	30 60	—	—	1-8	30 60	—	—
	1-10	30 60	—	—	1-10	30 60	—	—
	1-12	30 60	—	—	1-10	30 60	—	—

Conclusions: Excepting some slight loss of motility and an occasional clump at the end of 1st hour there was no change in the serum dilutions of either prover. January 15, 1912, provers started 1 dram 3x *Baptisia* three times a day.

SERUM OF PROVER A (Serio).					SERUM OF PROVER B. (Coon).				
Date.	Dil.	Time.	Result Control.	Dil.	Time.	Result Control.	Dil.	Time.	Result Control.
Jan. 22	1-8	30 min. 60	*Partial Cl. 6 to field Same	—	1-8	30 min. 60	—	*Part clump. 3 to field. No further change.	—
	1-10	30 60	—	—	1-10	30 60	—	—	—
	1-12	30 60	—	—	1-12	30 60	—	—	—
Third or 2x Period. 1 dram 2x t. i. d.									
Jan. 28	1-	30 min. 60	Slight clumping	—	1-8	30 min. 60	—	Started Jan. 22, 1912.	—
	1-10	30 60	—	—	1-10	30 60	—		—
	1-12	30 60	—	—	1-12	30 60	—		—
Fourth or 1x Period. <i>Baptisia</i> One dram t. i. d.									
Feb. 2	1-8	30 min. 60	+ Agglutination ++ ,	—	1-8	30 min. 60	—	Started Jan. 28, 1912.	Agglutination
	1-10	30 60	++ ,	—	1-10	30 60	++ ,		++ ,
	1-12	30 60	± ,	—	1-12	30 60	—		± ,

Fifth or ix Period. *Baptisia* one dram i. x t. i. d.

Prover A. Date.	Dilution.	Time Limit.	Agglutination Results.	Control.
Feb. 7, 1912	1-8	30 min. 60	± ++ ,	
	1-12	30 60	+ ++ ,	
	1-16	30 60	± — ,	
Prover Feb. 7, 1912	1-8	30 60	± ++ ,	
	1-12	30 60	— + ,	
	1-16	30 60	± + ,	

Sixth Period. ♀ Period one dram of *Baptisia* ♀ t.i.d. Started Feb. 2, 1910.

PROVER A. Date.	Dilution.	Time Limit.	Agglut. Results.	Control.
Feb. 13, 1912	I-8	30 min. 60	++ Agglutination ,	-----
	I-12	30 60	++ ,	-----
	I-16	30 60	-+ ,	-----
PROVER G. Feb. 2, 1912	I-8	30 60	± ++ Agglutination ,	-----
	I-12	30 60	++ ,	-----
	I-16	30 60	-+ ,	-----

Prover A. Date.	Dilution.	Time Limit.	Agglutination Results.		Control.
			+	—	
Feb. 17, 1912	I-10	30 min. 60	+	Agglutination , Partial clumping	—
	I-12	30 60	±	Slight clumping , "	—
	I-14	30 75	—	Very slight	—
Prover B. Feb. 17, 1912	I-10	30 60	Agglutination		—
			—	Agglutination , "	
			—	—	
	I-12	30 60	—	—	
	I-14	30 95	—	—	

Date.	Dilution.	Time Limit.	Agglutination Results.	Control.
PROVER A. Feb. 26, 1912	1-8	30 min. 60	+ Moderate ± "	
	1-10	30 60		
	1-12	30 60		
PROVER B. Feb. 26, 1912				
	1-8	30 60	- Slight Agg.	
	1-10	30 6C		
PROVER A. March 2, 1912	1-12	30 60		
PROVER B. March 2, 1912	1-8	30 60	+ Still motile ++ "	
	1-10	30 60		
	1-12	30 60	Part. Agg. Still motile — Slight Agg.	
PROVER B. March 2, 1912				
	1-8	30 60	- Slight Agg.	
	1-10	30 60		
PROVER B. March 2, 1912	1-12	30 60		

Serum dilutions of 1-5, 1-8 and 1-12 were tried. With the exception of some loss of motility and an occasional clump at the end of one hour, there was no agglutination of the dilutions used.

On January 15th the provers started the drug, using one dram of 3x *Baptisia*, t. i. d. These dilutions were supplied us through the courtesy of Boericke & Tafel, Philadelphia, Pa. This dosage was repeated for six consecutive days, until on January 22nd, the sera were again examined for their agglutinating powers in dilutions of 8, 10, and 12.

We had a partial clumping in both provers in the 1-8 dilution. In Prover A, six clumps to the field of A No. 7 Leitz objective, and Prover B, 3 clumps to the same area. The 10 and 12 dilutions were entirely negative as in the control experiments.

From January 22nd to the 28th the provers received the *Baptisia* 2x t. i. d. Table III. shows the results to be slight, practically the same as observed in Table II. From January 28th to February 2nd, inclusive, they received one dram of 1x dilution of the drug. Reference to Table IV. shows good positive agglutination at the end of thirty minutes in dilutions of 1-8, 1-10, and 1-12.

From February 2nd to 7th, inclusive (Table V.), administration of the drug was continued as before, in 1x dilution, when we obtained a partial agglutination in dilutions as high as 1-16. From February 7th to 13th, inclusive (Table VI.), the tincture was given at the same intervals, an examination of the sera at this time showing no agglutination above 1-12.

Persistence in giving the tincture until February 26th 1912 produced negative results in all but the dilutions of 1-8, and in this agglutination was only partial.

The use of the drug was discontinued February 26th, 1912, and it is interesting to note that the observations of the blood sera on March 2nd, five days after, showed a return of the agglutination in dilutions of 1-8 and 1-10. This is in accord with what usually occurs in the artificial production of antibodies. Specific antibody curves are produced, which reach their zenith in five to ten days after the cessation of the stimulating antigen. This

fact in relation to antibody curves was demonstrated by Ludwig Hecktoen, of Chicago, before the Congress of Physicians and Surgeons, in the 1910 Transactions of which it appears.

CONCLUSIONS.

(1) That *Baptisia* in low dilutions, preferably 1x and the θ, produces a form of antibodies to the bac. typhosus, viz., the agglutinins.

(2) The 3x and 2x dilutions apparently were not so efficient as antigen, although no conclusions can be drawn from the higher dilutions, e.g., the 30th, because they were not tried.

(3) The prolonged use of the θ tended to depress the agglutinin production which was very quickly recovered after cessation of the drug.

It is certainly *not* contended that as a result of these experiments that *Baptisia* should be considered a specific in typhoid fever. That there are other remedies which would produce results similar to these in quality is not to be doubted. If it were not so, the application of the homeopathic remedy would be a much more difficult task than it is at present.

Two years ago, before the Ohio State Society, I drew attention to the fact that I did not believe the production of antibodies to be specific in the previously accepted use of the term. At that time biological science had merely begun to show that the reaction of an organism to a single antigen would produce not alone antibodies to that one, but in all probability to several other antigen closely related to it biochemically. Since that time abundant work in that direction has appeared in the current literature, and even now the latest text-books are full of it. Permit me to illustrate.

It has been discovered that an animal whose serum in high dilutions will agglutinate the typhoid bacillus will in lower dilutions have the same effect on the Para typhoid, B. colon and B. enteritis. Such properties are similarly possessed by the serum of a person who has lately contracted typhoid fever.

For example: A person becomes infected with the typhoid bacillus. His blood serum in dilution of 1 to 100 will agglutinate the *B. typhosus*, and in 1 to 30 will agglutinate the para *typhosus*, and in 1 to 25 the colon bacillus, and so forth, all of which dilutions represent a greater immunity than that possessed by the normal person. Is this person suffering from half a dozen diseases? Not by any means. His general immunity, power for which is resident in his body cells, has been shown by this increased agglutination power for the numerous related organisms. This has been induced by the typhoid bacillus, which although producing a certain amount of agglutination for these organisms, produces more for itself, and in this sense is specific. Quantitatively, then, this concentration of agglutinins represented by the serum ratio of 1 to 100 is specific but qualitatively it is non-specific, because in addition to producing this immunity for itself we find agglutinins produced for other organisms, only the amount of such is markedly less.

You have all probably had cases which you thought, clinically, was typhoid fever, and really ran such a course, although it was more mild than you were accustomed to see. You may have had two or three Widal reactions done during the course of the disease, and they were all negative or doubtful. In all probability, the pathologist reported that he had partial agglutination, but not conclusive enough to unequivocally diagnose typhoid. In your own mind you either placed the Widal reaction under suspicion, or you tacitly damned the pathologist, or took another of the numerous alternatives which may have suggested themselves in your own individual case.

What is the explanation of this not infrequent occurrence? The most logical one is group agglutination. By group agglutination I refer to the production by a single bacterium of agglutinins, not only against the organism in question, but to lesser degree to bacteria to which it may be biochemically related. In case the pathologist had also used the para typhoid bacillus, he would have gotten agglutination in high dilution to this one, and in low dilution to the typhoid

bacillus. Thus the partial reaction is accounted for. A specific reaction for the para typhoid bacillus because there were more agglutinins than to the typhoid. Quantitative specificity and qualitative non-specificity. The case itself was one of infection with the para typhoid bacillus.

The agglutinins formed by the bacillus of dysentery, and the para dysentery furnish another splendid illustration of group and specific agglutinins. There are three types of the dysentery bacillus. A young goat immunized with type one, or the Shiga bacillus, produces a serum which in a 1 to 5,000 will agglutinate type one. However, it also will agglutinate types two and three, but the former only in dilution of 1 to 50, and the latter in dilution of 1 to 300.

A goat immunized with type two will produce a serum which will in a 1 to 800 dilution agglutinate type two. It will also agglutinate type one in 1 to 20 dilution, and type three in 1 to 100.

It is possible that many of you have had cases of typhoid in which you have been unable to decide between *Rhus toxicodendron* and *Baptisia*. Such encroachments of the symptomatology of one remedy upon the sphere of action of another constitutes one of the commonest difficulties in making a clear cut selection of a remedy. Since our hypothetical case contains many symptoms of both drugs, it is unpleasant to harbour the thought that in case you choose the imperfect simillimum you do not benefit your case, and, in addition, do him a positive injury.

The evidence of our paper goes to show that it is possible to raise the agglutinin index of a normal person's sera to the typhoid bacillus with *Baptisia*. No doubt it can be done with *Rhus* and other remedies. If you grant my assumption, we can say that in the *Baptisia* case that remedy will produce specific agglutinins, but that *Rhus*, being a member of the same simillimum group, will also produce antibodies in the *Baptisia* case, although not in the concentration perhaps that *Baptisia* itself will produce.

Likewise, some time ago I succeeded in raising the opsonic index of the sera of normal persons to the

diplococcus pneumoniae with *Veratrum viride*. I have no doubt that other prominent pneumonia remedies will do the same thing. However, in certain cases *Veratrum viride* might be the most perfect simillimum, although if *Phosphorus* were given the patient might derive benefit from it of a group nature, even if he did not derive the quantitatively specific amount indicated by the *Veratrum viride*.

In conclusion, then, I wish to emphasize the fact that the term "specific" as applied to anti-body production is absolutely true in but few cases. The majority of bacterial antigens with which we are familiar produce, it is true, greater concentration of antibody to its corresponding antigen, but at the same time will considerably strengthen the forces of the organism toward related antigens.

HERPES ZOSTER TREATED BY INJECTIONS OF ISOTONISED SEA-WATER.

By ARTHUR GREGORY SANDBERG, M.D.

(Hon. Physician to the Quinton Polyclinic, Soho, W.,
and to the Children's Homœopathic Dispensary, W.)

HERPES Zoster or Zona (Shingles) is an acute inflammatory affection, beginning with febrile disturbance, weariness, backache and anorexia. Then, over a limited area, heat, tingling, or darting pains may be felt. Shortly afterwards, on the part so affected, appear several circumscribed erythematous patches of an irregular shape, quite distinct from each other, varying in size from half an inch to three or four inches in breadth. As a rule they form a band, which is usually situated on the trunk of the body, taking a transverse direction, commencing at the middle line behind, and extending obliquely forwards and slightly downwards, as far as the middle line in front.

After a short time these patches become covered with small vesicles, which appear in groups and as a rule remain separated, but some may coalesce so as to form large irregular bullæ.

The vesicles soon cease to be transparent, and for a day or two assume an opaline appearance, but about the fifth day of the eruption, the contained fluid gets turbid, and the vesicles become shrivelled into small crusts, and the erythematous patch on which they are seated begins to fade. The crusts then fall off leaving red stains which soon disappear.

The number of the groups of Herpes Zoster is variable, sometimes consisting of a good many, and at others made up of only two or three. They may also appear in succession, so that the different patches may exhibit different stages of development or disappearance.

The disease usually runs its course in about two weeks time, though occasionally, especially in the aged, it may be protracted for a much longer period. Sometimes ulcers form under the vesicles, which may take months to heal, and leave behind them permanent scars.

Towards the termination of the eruption more or less severe neuralgic pains are felt, chiefly along the course of the affected nerves. Their duration is generally limited to some few days, but they may continue for months, or even years after the attack.

As a rule Zona is confined to one side of the body, but in a few instances it has been observed on both sides. It may also occur on the neck, face, head, or the upper and lower limbs.

Herpes Zoster may occur at all ages. It may follow exposure to cold, or a violent fit of passion. It is commoner in summer than in winter, and at times may be almost epidemic.

The following three cases are interesting : Mr. A. J., æt 55, residing in the country, consulted me early in February 1914, suffering from severe neuralgic pains following an attack of Shingles at the beginning of the year. There were a number of well defined scars round the trunk, chiefly in the subscapular and sub-clavicular regions. The pains were described as of a sharp, lacinating character, chiefly at night, when at times they were almost unbearable. The patient had been under homœopathic treatment ever since he began with his trouble, but had obtained no relief from

the neuralgic symptoms. He was given 50 cc. of *Isotonic Plasma*, and told to come again in two days' time. On presenting himself he stated that there had been no return of the pain since the injection, and he had slept well both nights, which he had not done for weeks. Another injection of 50 cc. was given, and a third one two days later. Up to the present (March 19th) there has been no relapse.

Mr. C. T., a gentleman æt 50, consulted me on February 23rd. He had an acute attack of Herpes Zoster, which had lasted for a week. Fifty cc. of *Isotonic Plasma* was injected, and after two more injections at intervals of two days, he was quite convalescent. No neuralgic symptoms followed.

M. M. æt 36 years, a single woman, was sent to me at the Quinton Polyclinic by Dr. Hardwicke, of Chelsea. She was suffering from an attack of Herpes Zoster following Influenza. There were very acute neuralgic pains, worse at night, chiefly below the angle of the right scapula.

An injection of *Sea-water Plasma*, 30 cc., was given. In three days the patient returned for the next treatment, and reported that the pains were relieved by the first injection, and that there had been no return. The eruption had greatly diminished. Two more injections of 30 cc. were given, and as the patient continued free from pain, all treatment ceased.

Dr. H., a medical man practising in London, consulted me early in March. He was suffering from an acute attack of Herpes on the right side of the head, the scalp, face and neck being involved. The eruption extended from the posterior middle line to the anterior line, and consisted of well marked inflamed patches with clustered vesicles. These were attended with severe stinging pain, and much neuralgia.

Treatment consisted of injections of *Sea-water Plasma* of 30 cc., every three days. The pain and irritation subsided a few hours after the first injection, and the patient made a rapid and excellent recovery.

An interesting fact in connection with this last case is that Dr. H. was troubled with a vesical papilloma and had arranged to enter a hospital for operation.

Since the administration of the *Sea-water Plasma*, however, all his bladder troubles have subsided. There is now no haemorrhage, pain or irritability of the bladder remaining, and the patient has decided to postpone the contemplated operation for the present. Dr. H. had been operated on for vesical papilloma at St. Peter's Hospital about three or four years ago. It remains to be seen if the improvement is permanent.

I certainly consider the use of *Sea-water Plasma* in all cases of *Herpes Zoster* is well worthy of consideration.

CASES FROM PRACTICE.

ANGINA PECTORIS.

By R. S. STEPHENSON, M.D., NEW ZEALAND.

CASE 1.—Mrs. S.—, elderly. For years has been invalided and much of the time confined to her bed by these attacks. They recur at least once a week, and frequently begin on lying down in bed. The pain is most severe, like a *band of iron constricting the left side of chest* in the heart area. There is also fullness in the epigastrium. Used to get intense congestive headaches with relief from nose bleeding.

She has *burning on the vertex*; *crawling itching like worms on occiput and vertex*; *burning of the feet* which she puts out of bed.

R. *Sulphur* 200 and *Sac. lac.*

Two weeks later she reports: "Much better. I feel like a new person."

Three months later says: "I have been able to get about and do a little housework; have had no more attacks and feel very grateful."

Still has hot feet. Rept. *Sulph. 200* and *Sac. lac.*

CASE 2.—Mrs. R., *premature senility*. Thin, spare, active temperament; has lately had to give up all her engagements owing to weakness and *trembling of the limbs* on the *least exertion*, worse mornings. Cough with hawking and retching in the morning.

She is a *warm blooded* patient, and has *burning of the palms of the hands*. *Faint and hungry at 11 a.m.* Very constipated.

The symptoms in italics indicate the remedy which was *Sulphur* 200 given in a single dose. Seven weeks later she reports better in every way. Constipation a great deal better, but sleeping badly; easily aroused. The trembling is practically gone. Still uses very light bed clothing. Rept. *Sulph.* 200 one dose and *Sac. lac.*

CASE 3.—Mrs. G., *Menopause*. Gets very nervous with intense flushing to the face. On waking she has *heat and burning of face and hands*; must get up and walk about. Is very weary at times, though in health is energetic. She is often chilly, goes to fire, *then too hot and wants to be outside*.

Better when occupied and feels she must be busy and hurried at work. Choking about throat wants to loosen collars.

R. Lachesis 200.

A month later she reported some improvement at first, but the symptoms had returned as badly as ever. Further symptoms obtained were the *flushes rise to the face from the chest*. She likes *very light bed clothing*. The face gets *purple*. *R. Sulphur* 200 and *Sac. lac.*, which was followed by prompt and lasting relief.

CASE 4.—Mr. F.—*Chronic Dyspepsia*. haemorrhoids. Is thin, lean, dyspeptic for thirty years or more. He diets very strictly, but never eats anything without subsequent discomfort. Never eats a hearty meal, takes only "health" foods. Has passed a renal calculus. Very constipated, always uses enema.

Very large piles which prolapse when standing, and always during stool.

Hurried and anxious in work.

Got some benefit from *Nux* and other remedies. More from *Sulphur* 1 m. Then he gave up his sedentary occupations and went to live in the country.

Two years after he wrote, "I am generally better from my present country life, but still greatly troubled with the *piles which prolapse when walking or standing* and get very sore. Have also been much troubled with *boils*."

R. Sulphur mm. one dose and *Sac. lac.* Three weeks later he writes: "I have never thanked you for your

letter and medicine. Since I began it the piles have not once come down and I am very grateful. I have had only one boil on the perineum, and the powders have made a more upright man of me."

It is interesting to note that he had had *Sulphur* before, but without half the benefit that he derived from this extreme dilution. Many such experiences have proved to my own satisfaction that the greater the dilution the greater the remedy. Why it is so, science a century hence may be able to explain.

THE MEDICAL ASPECT OF A MEDICO-SOCIAL PROBLEM.

By DR. NEATBY.

Continued from Page 152.

THE numerous communications in the medical press on the subject of this paper, in one or other of its aspects, testify to the awakening of a great interest in it, and one of the most recent and striking evidences is a discussion at the Royal Society of Medicine on the 2nd ultimo, taken part in by specialists from different parts of the kingdom. A great amount of research in various directions has already been carried out, more is projected, and the stimulus produced by the collective consideration of the subject at that meeting will probably generate further effort, some of which must be collective if it is to be productive. If it is to be of wide-spread national benefit, such effort and investigation must be backed by philanthropic or State financial support, and by municipal or State regulation and organization.

If some of the dreams of eugenists are at present unrealizable there are evidences that practical measures are being introduced here and there with a view to the physical betterment of posterity.

A writer in the *Times* of April 4th, advocating a national service of midwives, states in connection with the "Woolwich Home for Mothers and Babies" that

their "new institute will have ante-natal wards" . . . and also "a separate block for complications, septic and otherwise," of the puerperal period.

In the last issue of the *Homœopathic World* I quoted some figures from Dr. Amand Routh as to the lowered birth-rate in this country. In the issue of April 4th of the *British Medical Journal* Dr. Sewill wrote: "It is a fact that in 1871 the populations of France and Germany were about equal. It is a fact that although she sent away in the early years a great number of emigrants, the population of Germany now stands at 70,000,000. It is a fact that, although during the last forty years France has sent away only an insignificant number of emigrants, and has absorbed many hundred thousands of immigrants, her numbers now stand at about 40,000,000."

Such facts as are indicated by these figures show in how short a time an alteration in the population may bring about a momentous condition in the history of a nation—a condition of international and even world-wide significance. The younger nations show less tendency to be affected by a falling birth-rate, partly because the national habits are simpler, and partly because of immigration. The tendency of the age, however, is towards lessened birth-rates. The advance in the cost of living in recent years forces to the front the economic question of large families, and advancing civilization means increase of luxury, the demand for more leisure and pleasure-seeking, and as a corollary, a lessening altruism and in particular a lessening of maternal instincts and maternal self-sacrifice.

The world movement in favour of the enfranchisement, if I may so call it, of women, not only in a political sense, but in business, educational, scientific, gymnastic and other relations has the same tendency. The desire to approximate to the status of men in habits, modes of thought and action, the acceptance of responsibilities to which they have been unaccustomed until recent years, leads to the lessening of the features of feminism, including the maternal instinct. If this is not the case the converse must be true, and the evolution of the race is tending to lessen sex traits, to

approximate women to the masculine type, or to develop a third order of "neuters."

Probably most medical practitioners and women's specialists of a quarter of a century's standing, notice to-day a more frequent absence of the sex sense in women, than was the case in their early years of practice. However it be explained, the fact of smaller families remains and probably will remain. Can the medical profession do anything to check this tendency to a falling birth-rate? Can it do anything to secure that intra-uterine death shall be less frequent and post-natal life more stable?

In answer to the former question the individual medical man can do much from the social or moral side. From the medical side, if his advice is followed, he can remove or mitigate some of the more serious dangers of the period of gestation, although he cannot altogether do away with the minor ailments and the physical discomforts and limitations imposed upon the expectant mother—limitations and disabilities which the spirit of the age leads women to resent and evade.

In seeking to encourage maternity the influence of the medical man will depend to some extent on his own conception of the nature of pregnancy. Is it a physiological or a pathological process?

The dictionary definition of physiology is that it is a branch of biology which treats of the vital phenomena manifested by an animal or a plant. Were it to say *normal* vital phenomena it would be easy to define pathology as the science of abnormal vital phenomena. We should next be confronted by an inability to state what is normal and what is abnormal. Nowhere does the physiological verge into the pathological—the normal into the abnormal—more insidiously than in pregnancy. What is a normal phenomenon in reproductive life in one class or order, is unknown or abnormal in another. The involuntary laying down of its life in favour of race perpetuation, on the part of the male bee, so graphically described by Maeterlinck in "The Life of the Bee" is normal for that insect. Having fulfilled in the sunny azure its object as a

biological factor, it falls to the earth, dying ere it reaches the ground. While the asexual organism multiplies by dividing and sub-dividing its whole substance so that the original being lives as it were for ever, the parent in some of the lowly sexual beings lays down its life and the curse of the ancient garden has brought sorrow in child-bearing to many besides the *genus homo*.

It is not so simple a matter as at first sight it might seem, to decide whether pregnancy is or is not a truly and purely physiological state. If we consider, in illustration, a quite average case we soon see how little we know of its biological phenomena and their significance. Without being ill, a woman has morning sickness, or salivation, experiences constipation (I was going to say "suffers" from constipation, but if we say that she suffers we grant that the condition is not physiological), or she has some unwonted (not to say perverted) likes or dislikes of persons, places or foods ; her temperament is altered.

What about the skin changes ?—the pigmentations, the perspirations, the increased secretion of mucous and sebaceous glands, the growth or loss of hair ? She may be either depressed or stimulated, her heart may hypertrophy and her blood-pressure rise. With all this she is not ill, but are these changes in her usual state physiological or not ? In either case how and why are they induced ? Where can a dividing line be drawn between a case of morning sickness of some considerable degree and a case of hyperemesis ? What is the precise chemistry of them ? In the two cases is the difference one of kind or of degree only ?

These and kindred questions arise in our mind, but they do not answer the query as to whether the pregnant state in women is a physiological state or not. They merely serve to bring out our ignorance, and incidentally the need for research as to the nature of "normal" pregnancy.

There are a few cases where the condition can be called even hyperphysiological—a condition better than usual. Some women say—possibly in spite of some discomforts—that they are *never so well* as during

the period of gestation. In such cases it may be assumed that the presence of the developing ovum acts as a stimulus to metabolism, that the response of the maternal tissues and organs is normal and salutary, and that the correlation of the various internal secretions, if affected by pregnancy at all, is in a condition of equilibrium. The vital phenomena, during arduous toil which stops short of fatigue, display a general exaltation while, during such pregnancy, they display a specific exaltation.

In men, calcium excretion is fairly steady, while in women it varies with menstruation, pregnancy and lactation. The association of calcium metabolism with pregnancy and some of the secretions of the ductless glands has been studied clinically and experimentally by Blair Bell.

Where the patient develops hyperthyroidism, or is already the subject of exophthalmic goitre, haemorrhage, either *post partum* or even *ante-partum*, is very liable to occur. By the former the life of the mother may be threatened, and by the latter that of the child. To make up for the excessive loss of Calcium salts and to supply the needs of the foetus, assimilable lime (such as the lactate) should be given.

The usual effect of severe Graves' disease is to prevent pregnancy; lesser degrees do not do so, nor does simple hypertrophy of the thyroid. The goitre gets worse during the pregnancy in either case. The opposite condition—thyroid insufficiency as in myxoedema—also tends to exclude pregnancy.

Deficiency or excess of the other endocrinous glands variously affect the reproductive organs. As regards the ovaries, an excess of their secretion may lead to osteomalacia, for which the removal of these glands has been practised. Antidotal doses of supra-renal or pituitary extracts are now being used with some prospect of success, and this practice is of course preferable to the performance of oophorectomy. Pronounced pituitary insufficiency usually is incompatible with pregnancy, the opposite condition,—excess, however, produces the same inability to conceive and a tendency to atrophy of the genital functions.

A deficiency of the secretion of the supra-renal capsules interferes with the calcium metabolism during pregnancy, lessening absorption and retention of lime salts, while excess of adrenal activity produces amenorrhoea, masculinity and almost invariably sterility. Undue persistence of the thymus has a similar effect.

These superficial remarks indicate how complex is the nature of pregnancy, and how contradictory some of the reported facts are—such as sterility being due to either a plus or a minus quantity of some of the secretions. It should be remembered that an apparent enlargement of a gland such as the thyroid, may mean a neoplastic or degenerative change, with which no increase of functional power is associated, but rather a diminished secretory activity.

Not only is the subject complex, but our knowledge of its various aspects and component parts is still elementary. Could it be increased we might in many instances solve the problem as to how to lessen antenatal mortality.

If a considerable proportion of cases of pregnancy may fairly be regarded as physiology at high pressure (Ballantyne) there are unfortunately many cases which seem to be examples of parasitism or pathology. In ordinary parlance a parasite is a being which lives on another at the expense of and to the detriment of its host. Do the embryo and foetus answer to this description? The unfertilized ovum is a part of the prospective mother—part of her tissue and the manufacture of one of her glands, as truly as bile is the product of her liver, or the red blood cells of her bone-marrow; but though the ovary is believed to furnish a secretion useful to the organism, it is doubtful if the ovum does so. It has made calls on the system in its formation, in its transport to the uterine cavity and in the preparation of a suitable nidus for it in the endometrium. If fertilization does not take place all these efforts are thrown away, and the ovum itself is either cast off and perishes, or it becomes reabsorbed. In either case it has done little or nothing for the common weal. If now there comes from without a small active

mass of protoplasm charged with a high degree of mysterious potential energy, which finds its affinity in the ovum, everything is changed. A more or less dormant, useless cell becomes activated into segmentation and miraculous evolution. This now dual structure—the oö-sperm—lives and grows at the expense of the hostess. It begins by destroying the superficial cells of the endometrium and burrowing into the uterine wall, a limit being placed on its destructive action by a specially evoked maternal defence. Where that defence is wanting or inadequate, as in the case when an oö-sperm develops in the Fallopian tube, the burrowing embryonic villi may perforate the wall of the oviduct and lead to haemorrhage, possibly of sufficient severity to be fatal to the mother. This may occur long before its advancing size would have produced mechanical laceration of the tubal wall. At the same time some malevolent chemical changes have already been induced by embryonic toxins or waste-products, possibly by an excess of protective substances, manufactured by the mother, or want of equilibrium in the response of various maternal structures. The first evidence of these changes may be morning sickness, going on to any degree of severity, together with any of the symptoms already noted. At a later date, if the protective mechanism fail, an acute hepatic condition, almost invariably fatal to the mother and foetus, may ensue; or the function of the kidneys may be so interfered with as to threaten a similar result through the medium of an acidosis by no means easy to combat.

It is argued that these extreme conditions are happily exceptional, and that in most cases the relation of embryo and foetus to mother is not that of parasite to hostess, but constitutes a "harmonious symbiosis." Fortunately the extremes *are* unusual. The explanation of this is that the maternal response has been adequate or more than adequate to the requirements.

The immunization reactions can now be tested in the laboratory, but they are thus scientifically demonstrated to be *protective measures*—and defence implies attack.

It is further argued that in many instances the maternal condition is improved ; her physical condition better, her weight increased, her heart's action stronger, her moral and spiritual nature developed and energized. This is conceivably true, as it becomes true of every individual or community which rises amid stress of circumstances to the fulfilment of its duties or the attainment of its noblest destiny. But this surely is to the credit of the individual subjected to the test, or of an outside physician or saviour coming to its rescue, and not in praise of the toxic stimulus or vicious environment. From a biological point of view the maternal organism has risen to the stress of the parasitic life engrafted upon it, which brings nothing to it except through its own (maternal) strenuousness, which leaves little or nothing of permanent physical betterment to it. A notable end has been achieved—the production of another living independent being, capable of growing, developing, working, fighting, loving, influencing its compeers, moulding its environment, and leaving its mark on its nation, or the world at large. To desire this is doubtless an exalted ambition, and to accomplish it a noteworthy achievement. But when all is said and done the experiment is toilsome and even when successful it calls for self-sacrifice.

And what of the cases where the maternal response to the strain placed upon it is inadequate ? What of the physical impoverishment and enfeeblement, the curtailed capabilities, the lessened activities, the suffering years which represent the price of the object obtained ? Is this a " harmonious correlated symbiosis ? " And what, when the victory lies not with the host but with the parasite ? when it emerges into an independent existence at the price of the life of the being who has harboured or cherished it ? Here there is neither harmony nor symbiosis. Nor is the condition more harmonious if the embryo perishes and the mother survives.

Biologically speaking then, it appears to me that the condition of gestation is more strictly speaking one of parasitism than physiology ; that " harmonious symbiosis " is a euphemism for the triumph of the

host over an inimical guest. Even where physical, mental and moral betterment result, it is a betterment comparable to the protected condition found in a patient recovered from an infectious disorder, where the struggle (in spite of stress and risk) has ended in victory, has placed the subject on a higher plane as regards the particular infection, and has resulted in more or less complete immunity. This may appear to be a pessimistic view, but at any rate it represents one aspect of an important question. Even if the view expressed be correct, it is not disputed that the result may be worth the risk run and the effort or sacrifice entailed. It is only contended that the risk, effort and sacrifice are real and cannot with justice be described as physiological.

To be continued.

CASES OF SUPPOSED SYPHILIS HAVING PYREXIA AS THE ONLY CLINICAL SYMPTOM.—Writing to the *Wiener Klinische Wochenschrift* Dr. Kraus makes the announcement that from observation of the inmates of a sanatorium for tuberculous patients he has come to the conclusion that there exist cases of a peculiar type which are commonly regarded as tuberculous, but are in reality syphilitic. The patients show intermittent pyrexia resembling that of pulmonary tuberculosis, with an occasional day or two of complete apyrexia. The pulmonary symptoms found on examination of the chest are insignificant and do not correspond in their intensity to the severity of the pyrexia. There are generally loss of flesh or even emaciation, a slight hacking cough, and "hectic fever" lasting for months without being influenced at all by antipyretics; there are no direct symptoms of syphilis, but the Wassermann reaction is positive and antisyphilitic treatment causes a sharp rise of temperature, followed by a rapid and definite return of normal temperature. The patients generally have not had any marked symptoms of syphilis, and they may even be unaware that they have been infected. Dr. Kraus states that he discovered the first case by accident, but when searching later on amongst the cases he found three more within one year in the limited number of private patients admitted to his sanatorium. He says that he is not prepared to explain the pathology of this type of syphilitic manifestations, but wishes to draw the attention of the profession to a condition which appears to him to be by no means rare.—*Lancet.*

HOSPITALS AND INSTITUTIONS.

HAHNEMANN HOME, BOURNEMOUTH.

THE numbers for this year are 136 in-patients and 653 dispensary cases and home-visited cases involving 6,682 separate consultations. The Nankivell Memorial Fund stands at £430. It is being held in hand at the moment. The question of new premises is under consideration, but the Home is doing work under the tuberculosis section of the Insurance Act and it is important to have some more experience of the effects of this measure before embarking on important changes. The income for the year is larger on the whole, and there is a balance in hand but we regret to learn that subscribers are fewer. The work of the Home affects the whole field of homœopathic activity and support ought to be more widespread and not only local. We hope this year will gain many new subscribers.

BROMLEY.

THE Phillips Memorial Hospital has treated 654 out-patients and 138 in-patients with thirty-seven operations. There were eight deaths only, a good record, as many of the cases were severe and dangerous. Subscriptions are falling, and the larger income of the year is due to generosity in donations and to special efforts and entertainments. We wish our supporters could learn the inestimable value of regular subscriptions. Nevertheless there is a good balance in hand. Bromley has as much reason as ever to be proud of its Homœopathy.

MANCHESTER.

THE work at Manchester advances. The total dispensary attendances were 18,703 or 208 more than in the previous year. In view of the Insurance Act this is very noteworthy. There is a balance in hand, and we can offer hearty congratulations on a very solid and satisfactory year's work.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the season was held at the London Homœopathic Hospital on April 2nd, the President, Dr. V. Green, in the chair. Dr. Iredell and Dr. Bomerjee (for associate membership) were nominated, and Dr. Sinclair elected. Resolutions with regard to the death of Dr. W. Bryce and to the observation of the Hahnemannian anniversary were passed. Specimens and cases were shown by Dr. Blackley, Dr. Hare, Dr. Weir, Dr. Greig, Mr. Eadie and Mr. Chisholm Williams. Dr. Wheeler read a paper on Recent Experiments, first on the effect of *Baptisia* on Enteric Agglutinins, and second on the effect of minute quantities of drugs on yeast activity. Dr. Blackley, Dr. Kranz, Dr. Goldsborough, Dr. Burford, Dr. Moir and Dr. Green spoke. Dr. Kranz and Dr. Moir spoke of the activity of Collidal Copper, and suggested its use for experiment. Dr. Kranz read a paper fully illustrated by lantern slides on Kreuznach and the value of its waters. There was much interest shown and a short discussion.

The Dinner Club met as usual in the evening, when Dr. Kranz made a communication with regard to Friedmann's Tuberculin, and the draw for the Dudgeon Cup Golf Tournament was made.

NOTIFICATION.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

THE CHILDREN'S HOMŒOPATHIC DISPENSARY.

The telephone number of the Children's Homœopathic Dispensary, Shepherd's Bush, is 1023 *Hammersmith*.

Arsenicum.—Is well indicated at the climacteric for the "hot flashes" when the face is frequently flushed and there is an accompanying frontal headache in many instances. I have cured many cases with this remedy.—*G. J. Jones*.

BRITISH HOMœOPATHIC ASSOCIATION (INCORPORATED).

RECEIPTS FROM MARCH 16TH TO APRIL 15TH,
1914.

GENERAL FUND.

	Subscriptions.			£	s.	d.
The Rev. A. Lewis Innes	2	6
Dr. C. J. Greig	1	0
Mrs. Kelsey	1	0
Miss Appleton	5	0
J. R. Ronald, Esq.	5	0
The Rev. John Thornley	10	6
J. Munford, Esq.	2	2
E. W. Q. Papafio, Esq., (1912)	1	0
E. W. Q. Papafio, Esq., (1913)	1	0
E. W. Q. Papafio, Esq., (1914)	1	5
W. R. Moore, Esq.	1	0
R. F. Murchison, Esq.	10	6
The Rev. R. Upcher	1	0
Lady Durning Lawrence	1	0
Dr. J. Galley Blackley	1	0

Donations.

The Lady de Tabley	3	0	0
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THE NATIONAL HOMœOPATHIC FUND.

Subscriptions.

Lady Ida and Mr. Low	1	0	0
A. Powell, Esq.	1	1	0
F. Sellars, Esq.	..	..	..	..	1	1	0
Miss Kate Simpson	..	..	..	..	1	1	0
Mrs. S. H. Green	..	..	..	..	1	1	0

The Quarterly Meeting of the Council was held at Chalmers House on Tuesday, March 31st, when the draft of the Annual Report was considered.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, April 21st.

The General Annual Meeting of Members of the Association will be held at Chalmers House (43, Russell Square, W.C.) on Tuesday, May 5th, following the

reception at 4 p.m., when all friends and supporters are welcome. The President, Sir George Wyatt Truscott, Bart., will take the chair.

The Annual Report is now in the hands of members, and shows a further advance in the Association's activities, notably in the direction of meetings in provincial centres where the local homœopaths have been much interested in lectures explanatory of the principles of Homœopathy.

HERPES SUPRALARYNGEUS.—Under this appellation Dr. Vittorio Grazzi, professor of laryngology in the University of Pisa, draws attention in a recent number of *Il Policlinico* to an unusual form of herpes localized in the glosso-epiglottic folds, the free edge of the epiglottis, and the upper parts of the larynx. He quotes Morell Mackenzie and St. Clair Thomson as having on very rare occasions observed herpes in the upper parts of the larynx, and he has himself only seen four cases, three of which had not previously been diagnosed. Usually there are manifestations of herpes in other parts of the body, but the condition may be limited to the laryngoscopic region, while the fauces may not even be congested. The course of the disease is five or six days, and a prominent symptom is the severe burning pain, which is increased by deglutition, coughing, and speaking, so much that one of the patients in order to satisfy his urgent craving for water was obliged to take up a position with head hanging over the edge of the bed and suck up the liquid through a straw. The diagnosis of this extremely rare condition is easy if there are other herpetic manifestations on the body, but in their absence the superficial character of the abrasions, their somewhat grouped arrangement, and absence of submucous infiltration, should be taken into account. The treatment adopted by Professor Grazzi was entirely symptomatic, and consisted in the direct application of ethereal solution of iodoform and alkaline inhalations with cocaine and menthol.—*Lancet.*

OXYGEN IN CARBON MONOXIDE POISONING.—M. Nicloux has continued his experiments as to the way in which the equilibrium between the oxygen and carbon monoxide breathed by an animal is established in the organism. This equilibrium is produced on condition, naturally, that the dose of carbon monoxide has not been lethal. Professor Dastre draws the conclusion from these works in affirming that in cases of poisoning by carbon monoxide oxygen is the best medication that can be employed. Pure oxygen might even be injected into the circulatory system of the intoxicated person without the slightest inconvenience, for oxygen is the only gas that can be, without fear, introduced into the veins. But the technique of the matter is not yet established.
—*Medical World.*

EXTRACT.

OF THREE CASES OF ECZEMATOUS DERMATITIS PRODUCED BY POISONOUS PLANTS.*

By ARTHUR WHITFIELD, M.D. (Lond.), F.R.C.P. (Lond.),
Physician for Diseases of the Skin, King's College
Hospital.

My reason for publishing the following cases is that I wish to draw attention once more to the great importance that attaches to the thorough working out of local causes in the production of so-called acute eczema. In *The Lancet* of July 25th, 1908, I drew attention to a series of cases in which apparently eczematous eruptions were caused by local infection with a ringworm fungus; later Sabouraud worked out the variety and published his classical article on the subject. At the time that I published my series, ringworm was, of course, well known, but was not suspected as a frequent cause of eczematoid eruptions on the hands and feet.

In the same way the cases to which I am now about to refer are such as are well known and have been frequently published where the sequence of handling the plant and developing the skin eruption has been so close as to call the attention of the patient, but in these cases this sequence was not so obvious, and in two out of the three cases the cause had not been suspected by medical men in charge. The point which I therefore wish to emphasize is that it is not enough to make the diagnosis of acute eczema, but that it is the duty of the specialist to make every effort to run to earth the cause of the eruption before contenting himself with local treatment and possibly the internal treatment of some hypothetical disorder of metabolism.

Case 1.—The patient, aged 51, was sent to me with eczema of the face. The eruption had bothered her on and off for thirteen months, and was said to have been started by kissing an old aunt who had a similar eruption. The disease began round the alæ nasi and

* From *The Lancet*.

on the upper lip, but the red part of the lip was not affected. This distribution made me suspect that it was not due to a dentifrice, which usually causes some dryness of the lip itself. During the year that she had suffered from the disease the patient had been abroad to different parts on two occasions, and on neither occasion had she suffered from the disease. When seen there was a condition of subacute eczema affecting the eyelids and the contiguous portions of the cheeks, so that the skin was reddened, stiffened with œdema, and had a tendency to crack. On inquiry it was found that the patient had a greenhouse in which she grew *primula obconica*, but she said that she had handled it for years with impunity. Nevertheless, as I had known of cases in which the susceptibility had been acquired, I suggested that she should banish the plants from her greenhouse. The local treatment ordered was lead lotion with a very small amount of *liq. picis carbonis* added to it, and under this treatment the symptoms subsided at once and did not recur.

An interesting point about this patient is that a short time ago she wrote to me to tell me that her gardener suffered from an irritating eruption on the arms after moving some foxgloves and King Edward VII. daisies. I have looked up this latter plant in James White's classical monograph, and although he does not mention the *chrysanthemum maximum*, he alludes to a single case due to the ox-eye daisy, to *leucanthemum vulgare*, which is the parent of the *chrysanthemum maximum*.

Case 2.—The wife of a medical man was brought to me for very acute eczema of the left eyelids and cheek only. The swelling was so intense that the eye was practically closed and the eyelids had the curious fawn-coloured translucency which is so familiar in acute eczema. The history showed that the disease began with a very sudden onset in June and attacked the right hand and arm, the left forearm, and the left eye. Shortly after the first attack she went to Ireland with her husband for a holiday, and although she bicycled a great deal in all weathers the skin remained perfectly sound. Twenty-four hours after her return

home she had another attack, and five or six more attacks in the last three months before I saw her. There had been until the last attack an interval of freedom lasting nearly a month. Inquiry showed that she had *primula obconica* in her greenhouse for nearly a year, but in the last few days (*i.e.*, just before the last attack) she had been given several more. The primulæ were all abolished and the disease disappeared.

Case 3.—This case is of great interest, as the plant causing it is rare in this country. The patient, aged 56, was sent to me suffering from acute eczema of the face. When I saw her the attack was beginning to pass off, but the skin of the whole face was red, stiff with œdema, and showed slight fissures at the edges of the eyelids. The history showed that she had moved into a new house in May and had her first attack of eczema in June. She herself put it down to the trouble and work of moving coming on the top of the shock of a sudden family bereavement. She had no greenhouse and only a very small garden, and the only plants that she had were an aralia, some ferns, and aspidistras. After very careful inquiries on these points I then went to other possible sources of local poisoning and at one time thought it might be due to the use of a brass polish, but I found that she had not used any for a long period before the onset of the eruption. I then inquired about hobbies and found nothing there, and lastly thought of possible irritation from a green wallpaper. I had already arranged with her to send me some of this for analysis, when she suddenly remembered a creeper on her house which she had forgotten to mention before. It was said to be like a Virginia creeper, but was not one. I immediately asked whether it had three leaves or five, and was delighted to hear that it had three. As the plant was deciduous and had no leaves at that time I knew I should be unable to identify it and advised that a piece should be sent to Kew Gardens for identification. The report came back, as I expected, that it was *Rhus toxicodendron*, or the "poison ivy of the United States," and the mystery of the eczema was thus explained.

Robinson in "The English Flower Garden," writes that some unprincipled nurserymen sent it out with a new name as Ampelopsis Hoggi, and that it has been distributed in many gardens. Its poison is so virulent that cases of very severe illness and even death have been reported as due to it in America. It is probable that an American physician would have identified the case at once, and would not have been three-quarters of an hour, as I was, before arriving at the correct conclusion, but the plant is so uncommon in this country that it was by great luck that I tracked it down.

In conclusion, I would remark that my object in publishing these cases is not so much to draw attention to the plant as a cause of dermatitis as to emphasize once more the importance of searching for an unsuspected local irritant. Eczema from dentifrices containing salol is common, and I have recently had three cases of eczema, two of which were due to photographic developer, and one, in a dental surgeon, was due to Plaster-of-Paris. The number of these irritating materials is very great, and owing to the fact that only a small proportion of people are susceptible they are often overlooked.

CORRESPONDENCE.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—Will you grant me space to reply to the letter of a London Homœopathic Physician in this month's *World*.

Our firm recognized many years ago the necessity for Sunday attendance. I can speak from personal knowledge of the years 1874 to 1879, when I believe no other Homœopathic Pharmacy in the West End of London was open on Sundays. Since then we have always had an assistant on duty in the afternoon, and for many years during the whole day.

When we moved to our present premises (owing to the exorbitant rent demanded when our lease expired in New Bond Street), we were compelled to make other arrangements, and our present hours are 3 to 5 p.m.

and 8.30 to 10 p.m. These hours are to be found in our diary, a copy of which lies on nearly every Homœopathic Physician's desk in the Western district.

On the Sunday in question an assistant was on duty as usual, and had not a single call by telephone or otherwise.

A L. H. P. says: "We have seen our chemists moving into back streets." I submit, Sir, that Jermyn Street, New Cavendish Street, Duke Street, and South Molton Street, can by no means be called back streets.

If a L. H. P. knew what rents are now being asked in New Bond Street, Oxford Street and Piccadilly, he would not wonder at the removal of chemists (both *Allopathic* and Homœopathic) from these main thoroughfares.

Two historic allopathic firms have within recent years removed from Oxford Street, and Old Bond Street, and for neighbours we have several firms conducting other businesses which were at one time in New Bond Street.

From forty years personal experience in Homœopathic Pharmacies in the West, South-west, South-east and North-east Postal Districts, I can assure a L. H. P. that the Homœopathic Chemists of London are a most conscientious body of men, and that no hospital could guarantee *purer* Homœopathic medicines than they supply.

I am, Sir,

Yours truly,

W. LEE MARTIN

(Manager of Messrs. Keene & Ashwell, Ltd.).

VARIETIES.

TREATMENT OF EPITHELIOMATA BY SUNLIGHT.—Heliotherapy is much neglected in this country, but considerable attention has been devoted to it of recent years on the continent, particularly in the treatment of various forms of tuberculosis, in which remarkable results have been obtained. The new field of therapeutics opened up by the discovery of the X-rays and radium suggests possibilities not yet discovered in the greatest form of radiant energy available on this earth—the sun's rays. In the

New York Medical Journal of February 7th, Dr. H. H. Seelye has recorded several cases of cure of epithelioma by means of sunlight—a method which he claims to be not less efficient than the use of the costly element *radium*, or the X-rays. He simply focusses the sun's rays on the growth by means of an ordinary magnifying glass. For a number of years he has found this treatment invariably successful, chiefly in obstinate ulcerative patches on the face that repeatedly shed scabs only to leave a raw and bleeding base, which never heal under ointments, powders, or other local treatment, and recur in ever-increasing extent year after year. Such growths are usually of moderate sizes and are always malignant. Dr. Seelye focusses the clear sunlight on the sore for ten or fifteen minutes at a sitting. If a scab is present he concentratates the rays on it till the patient complains of burning. Then he lengthens the focus so as to cover with the rays an area of an eighth of an inch or more beyond the scab. Every few minutes he induces burning again for a second, not to a degree of cauterisation, and then he applies the rays more mildly. After about ten minutes the scab will look darker. During the next few days it will become more prominent and loosened. The treatment is repeated every day or two till the scab may be easily removed, leaving a raw, bleeding ulcer. Then is the time for a powerful application. A few granules of cocaine are first applied. After three or four minutes an exposure so strong as almost to cauterise the ulcer may be borne and alternated with milder applications for about fifteen minutes. Milder applications at intervals of three to seven days through the scabs, or immediately after their shedding, will usually complete the cure within three to six weeks. The scabs gradually become thinner and more superficial, and the sore bleeds less after their removal. At last healthy normal skin with scarcely a trace of scar is left. Rarely are more than eight to fifteen applications necessary. The following are examples. A man, aged 80 years, had a sore on the right cheek three-eighths of an inch in diameter which had been treated without success by several practitioners for years. Scabs fell off or were picked off at intervals, leaving an angry ulcer. After three weeks use of the sun's rays focussed as described, healthy skin formed over the ulcer and later no sign of the sore or scar remained. Several years have elapsed without recurrence. A woman, aged 80 years, had an epithelioma over the left eyebrow three-quarters of an inch in diameter. It had been treated without avail for several years by various local measures. It always failed to heal and was gradually enlarging. After two weeks' treatment with the sun's rays the ulcer was smaller and shallow and healthy looking. In two more weeks it was completely cured and left no scar. The only case of failure out of seven cases narrated occurred in an old and feeble man. The whole of one cheek was eaten away by a deep, angry, irregular, ulcerating growth of the size of the hand. It was extremely painful and cocaine and morphine were freely used. After half a dozen exposures the ulcer was gradually filling up and there were

lessening of secretion and a tendency to heal. But failing strength caused the patient to cease his visits and he took to bed, where he died in a few weeks.

GREEK AND ROMAN MEDICINE.—The present year has seen already the issue of two works in the English tongue dealing with the history of medicine—the one a survey of the whole subject, from the pen of Dr. Fielding Garrison, principal assistant librarian of the Surgeon-General's Office, Washington, a monumental work; and the other a small book dealing only with Greek and Roman Medicine, by Dr. James Sands Elliott, of Wellington, New Zealand.* To give a full account of medicine during even this comparatively short period of history (say, 2,000 years) would entail the writing of a large work, and Dr. Elliott has wisely attempted only a sketch of the subject. By an inversion of history, of which he is fully aware, he begins with early Roman medicine, and then goes back to Greek medicine, of which he gives an account down to the time of Serapion, of Alexandria, circa 280 B.C. The course of Roman medicine is then resumed and continued as far as a practitioner of the sixth century A.D.—namely Paulus Aegineta, who was the last important member of the great school of Alexandria. If we may judge by most extant literature on the subject the art of medicine and its practitioners were not held in high estimation in Rome. Medical men were nearly all foreigners and mainly Greeks, hence the abuse which Cato and the elder Pliny poured upon them. It must be allowed that in many cases the medical man was very ignorant and illiterate, and that often the line between the quack and the trained practitioner was very narrow. But the coarse insinuations of Martial, Juvenal, and Petronius against the profession are probably no more true pictures of it as a body than the diatribes which used to appear in the political press about medical men in the early days of the Insurance Act. Seneca, in his treatise "De Beneficiis," writes with real good feeling of the medical man, and practitioners like the Stertini enjoyed the confidence of the Cæsars and made enormous fortunes, though, of course, this latter fact does not necessarily mean that they were able practitioners, for quacks made as much or even more money than educated physicians in the heyday of Roman luxury. In his account of early Roman medicine Dr. Elliott speaks of Livy as saying that Numa Pompilius was struck by lightning and killed as the result of experiments in physical science, and that these experiments have been conjectured by some to have been electrical. This is an error; it was Tullus Hostilius, and not Numa whom Livy describes (apparently on the authority of L. Piso) as being killed by lightning, and the "experiments" were religious conjurations which he was trying to perform after a formula left behind by Numa for bringing down lightning from heaven. Rain bringers or lightning bringers are found among

* *Outlines of Greek and Roman Medicine.* By James Sands Elliott, M.D., Ch.B. Edin., editor of the *New Zealand Medical Journal*. London: John Bale, Sons, and Danielsohn, Limited. 1914. Pp. 165. Price 7s. 6d. net.

savage medicine men to-day, and the story of Numa, together with those of Salmoneus and Remulus Silvius, the last two of whom were killed in the same way as Tullus, are evidently traditions of this kind of magic. It is not a wholly impossible point of view to suggest that these stories arose from there having been some daring investigator in primitive times who tried something analogous to Franklin's well-known experiment on atmospheric electricity with the kite. One of Franklin's followers tried the same experiment and was killed. The Etruscans studied lightning with assiduity, and Numa, who was a Sabine, was traditionally learned in natural philosophy; so he may have succeeded where others failed. This, however, is speculation, whereas Dr. Elliott, in his interesting little work, has collected many facts of value to the medical historian.

FUNCTION OF THE PINEAL GLAND.—Now that the thyroid, the pituitary, and the suprarenal bodies are pretty firmly established as organs which produce an internal secretion, attention has been turned to the pineal body as another probable ductless gland. Occupying as it does a central position in the brain, it was looked upon by Descartes as the seat of the soul, but the morphologists regard it as a rudiment representing the remains of a median eye. It would thus seem at first sight unlikely to possess secretory functions. Evidence is, however, accumulating that such may be the case. We called attention at the beginning of last year to a suggestion that the gland had two separate functions—one a power of restraint on the development of the genital apparatus, which was lost at puberty; and the other a general influence on metabolism which continued throughout life. Further observations and experiments have been made by Dr. Charles L. Dana and his collaborators in the United States which tend to confirm the existence of an internal secretion derived from the pineal body. Administration of an extract of the gland to two normal children appeared to cause an increased elimination of nitrogen in the urine, while similar administration to a number of mentally defective children seemed in many cases to be followed by improvement in the general intellectual condition. It was useless, as might have been anticipated, in cases of total idiocy or gross physical defects. It is suggested that there is a form of mental deficiency which may be due to hypopinealism, but it seems impossible as yet to distinguish such cases except by the results of pineal treatment. It was curious that in the children thus treated the physical progress was less than that in controls who received no pineal extract, whereas the mental improvement was markedly greater. Experiments on animals showed that the extracts had no pressor effect on the circulation. Young animals, however, which received doses of the extract grew at a greater rate than the controls, and could easily be picked out at sight owing to their size and healthy appearance. Thus of eight young guinea-pigs four which were fed with pineal extract gained 36 per cent. in weight, while the

controls gained only 25 per cent., and a very similar effect was seen in kittens and young rabbits. The contrast between the physical growth of these animals and the conditions seen in the children who developed mentally but not physically is striking. The subject is one of considerable interest and importance, and further work in this field is called for. Trial of pineal extract in institutions for mentally defective children presents no great difficulty, and observations might well be carried out in this country to confirm, if possible, the results obtained by the American writers and add a new agent to the limited number which seem to have any effect on mental abnormalities.—*Lancet*.

A FEW EYE REMEDIES:—

AGARICUS.—*Objective.*—Twitching in or of the lids; contracted palpebral fissure without swelling. Very little redness. Twitching of (in) the ball, often painful; while reading, < left. Myosis.

Subjective.—Biting itching, jerking in the lids and brow. Aching and pressure in the ball, it is sensitive to touch; *burning and itching*; stitches. Eyes feel weak.

Vision.—Dim, as in a mist, with *flickering*. Reading difficult as *type seems to move, to swim*. Yellow spots when looking at white. “Vibrating spectres.” Muscæ volitantes. Short sighted.

Clinical.—Particularly useful in asthenopia from prolonged strain; weakness, fibrillar spasms.

ASAFOETIDA.—*Subjective.*—Severe boring (bone) pains above the brows; > pressure. Troublesome dryness. Periodic burning in the eyes and pressing together of the lids, as if overcome with sleep. Burning pain in the ball from without inward. Throbbing pain at night, > pressure.

Characteristics.—The pains, > by rest and pressure (reverse of arum), are usually throbbing, beating, boring or burning n, over or around the eye; often intermittent; they extend from within outward.

Clinical.—Syphilitic iritis. Ciliary neuralgia.

BOTHROPS LANCEOLATUS. *Vision.*—Hemoralopia, day blindness; can scarcely see her way after sunrise. Aphasia.

CEDRON. *Subjective.*—Severe shooting pain over the left eye. Pain across the eyes from temple to temple. Severe pains in eyeball, radiating pains all around the eye, shooting into nose. Scalding lachrymation.

Characteristics.—*Supraorbital neuralgia, periodic*; more often over the left eye, may follow the branches of the supraorbital nerve into the head. The pains, usually sharp, may come and go suddenly; may be < evening or on lying down.

Clinical.—Iritis, choroiditis, with such neuralgic pains. There may be intermittent fever, or cerebral congestion. Is particularly useful in tropical countries, or for troubles in or from a damp, warm, marshy country.

CICUTA. *Objective.*—Eyes stare. Pupils dilated, insensible; first contracted, later dilated. Lids tremble and twitch.

Subjective.—Eyes sensitive to light.

Vision.—Objects appear to alternately approach and recede. Diplopia, objects appear double.

Characteristics.—Extremely sensitive to touch or draughts; these may bring on (little) convulsions, which spread from the eyes, head, throat to the back and extremities.

Clinical.—Spasmodic affections of the eye and its appendages. Strabismus, periodic, spasmodic after a fall or a blow.—*Jno. L. Moffat, M.D., in Pac. Coast Jour. Hom.*

LARYNGEAL PARALYSIS IN MITRAL DISEASE.—Recognition of paralysis of the recurrent laryngeal nerve in certain cardiovascular diseases is not of recent date, for as early as 1852 Legroux described a condition of partial aphonia or hoarseness, due to a compression of the nerve in a case of aortic aneurism. Until a few years ago it was thought to take place exclusively in affections of the aorta and some forms of pericarditis of a plastic type, but latterly this symptom has been observed, although not very frequently, also in the course of cardiac valvular disease. For the most part the left recurrent nerve is implicated for well-known anatomical reasons, which render it more susceptible to stretching and compression in cases of mitral disease, but interesting cases have been reported by Rossi where the right side was affected, and by Quadrone where both sides were affected. The explanation usually given is compression on the loop of the nerve exercised by an enlarged left auricle, and it is not necessary to insist on the great value of radioscopy in the study and diagnosis of such cases, which are rare, not more than fifty having been published hitherto. In a recent number of the monthly review published in connection with the Ospedale Maggiore at Milan, Dr. D. Tronconi relates a case of ordinary mitral insufficiency which had reached the stage of failing compensation and where a left laryngeal paralysis which developed at the outset of the compensatory failure persisted after this condition had disappeared. The radiograph given of the case confirms the positive and negative aspects of the clinical examination and allows the exclusion of mediastinal or aortic lesions, showing that the laryngeal paralysis is directly and solely dependent on the cardiac valvular lesion. Not only this, but it also proves that the heart, although enlarged, is not displaced, while it is evident that the pulsating prominence of the left auricle goes far to disprove the theory put forward by Kraus that the paralysis in such cases is due to the nerve being stretched in consequence of the displacement downwards of the enlarged heart and vessels.

CROCUS.—The eye-symptoms of this drug, which are rather striking have hitherto been utilized only in asthenopia. Dr. F. W. Payne, however, relates two cases in which they were present: one of threatened glaucoma in the only remaining eye of a heavy smoker; the other of embolism of the arteria centralis retinae, in which vision cleared up very satisfactorily under the use of this drug.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| Abderhalden (Hamil). Defensive Ferments of the Animal Organism. 3rd enlarged edition. Cr. 8vo, pp. 262. (Bale. Net 7s. 6d.)
Bishop (L. F.). Arteriosclerosis. A consideration of the prolongation of life and efficiency after forty. 8vo. (H. Frowde. Net 10s. 6d.)
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Flick (L. F.). Consumption : A Curable and Preventable Disease. 7th edition. Cr. 8vo. (H. Kimpton. Net 5s.)
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Gordon (Alfred). Diseases of the Nervous System. 2nd ed., revised and enlarged. Royal 8vo. pp. 632. (H. K. Lewis. Net 17s.) | Hare (H. A.). Diagnosis in the Office and at the Bedside. 7th ed., revised. 8vo. (H. Kimpton. Net 18s.)
Kennedy (R.). Experiments on the Restoration of Paralysed Muscles by Means of Nerve Anastomosis. 4to, swd, pp. 50. (Dulau. Net 3s.)
Medical Annual (The). A Year Book of Treatment and Practitioner's Index, 1914. 8vo. (Simpkin. Net 8s. 6d.)
Parsons (H. Franklin). Isolation Hospitals. 8vo, pp. 290. (Camb. Univ. Press. Net 12s. 6d.)
Savage (William G.). The Bacteriological Examination of Food and Water. 8vo, pp. 184. (Camb. Univ. Press. Net 7s. 6d.)
Sturridge (E.). Dental Electro-Therapeutics. 8vo. (H. Kimpton. Net 12s. 6d.)
System of Surgery (A). By Various Authorities. Vol. 3. Edited by C. C. Choyce. 8vo, pp. 918. (Cassell. Net 21s.)
Tredgold (A. F.). Mental Deficiency (Amentia). 2nd edition, revised and enlarged. 8vo, pp. xx.—x.—491. (Baillière, Tindall, & Cox. Net 12s. 6d.)
Walsh (D.). Diseases of the Skin. A Handbook for Students and Practitioners. Cr. 8vo, pp. 298. (Baillière, Tindall & Cox. Net 15s.) |
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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Ray, India—Dr. Sandberg, London—Paresh Dutt, Esq., India—Dr. Stephenson, New Zealand—Dr. Ridpath, Sunderland.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—*Revist. Hom.*—*Med. Times*.—*Allg. Hom. Zeit*.—*Med. Advance*.—*The Chironian*.—*La Homœopathia*.—*Ind. Hom. Rev.*.—*Hom. Envoy*.—*The Chemist and Druggist*.—*Medical Century*.—*Rev. Hom. Française*.—*H. Recorder*.—*L'Omlopatria in Italia*.—*Revista Hom. de Pernambuco*.—*N.A.J. of H.*—*New*

Eng. Med. Gaz..—*L'Art Médical*.—*Hom. Jour. of Obst.*.—*Annals de Med. Hom.*.—*Century Path.*—*Hahnemannian Mon.*.—*Pacific Coast Jour. of H.*.—*Journal B.H.S*.—*Zoophilist*.—*Calcutta Jour. of Med.*.—*Le Propagateur de L'Homœopathie*.—*Frän Homœopatiens Värld*.—*Journal of the American Institute of Homœopathy*.—*Indian Homœopathic Reporter*.—*La Critica*.—*The Homœopathic Physician*.—*Iowa Homœo. Journal*.—*Rational Hypnotism*, Orton.

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A Couple of Cases. By H. LEIGH DECK.

The Salts of Baryta. By G. E. DIENST,

M.D., Aurora, Ill.

The Sub-Conscious Calculation of Time.

By FRANCIS G. SCOTT, M.R.C.S.

L.R.C.P.

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THE
HOMŒOPATHIC WORLD.

JUNE 1, 1914.

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THE Annual Congress will be held this year in London at the Connaught Rooms, Great Queen Street, W.C., on Friday, July 3rd. The Presidential address will be delivered at 10 a'clock a.m. punctually, entitled :— “The Evolution of Homœopathy,” by James Johnstone, M.B., F.R.C.S., etc., Surgeon to the London Homœopathic Hospital. Any visitors, ladies as well as gentlemen, who may desire to hear the President’s address, will be welcome. The Council, having approved the Minutes of the last Congress, recommend them for confirmation by the Congress. After a brief interval, the Members of Congress will assemble, and

a Synopsis of the results of the recent Collective Investigation on the use of Tuberculin by Homœopathic Practitioners, will be presented by Dr. Goldsbrough (Secretary of the Collective Investigation Committee). Dr. J. G. Hare (Pathologist to the London Homœopathic Hospital) will read a paper on the nature and use of Tuberculin. Dr. E. Cronin Lowe (Hon. Physician to the Southport Homœopathic Hospital) will submit a paper on The use of Tuberculin: Dr. Charles Wheeler (Senior Assistant Physician to the London Homœopathic Hospital) will summarise in co-ordinated form the conclusions derived from the preceding papers. The Congress will adjourn at 1.15 o'clock for luncheon to the Crown Room, and the homœopathic physicians of London and Greater London have intimated their desire to be the hosts of the Congress on this occasion. Immediately on the conclusion of luncheon the Congress will take up official business, consisting mainly in arrangements for the meeting of Congress in the ensuing year.

Afternoon Meetings.—At 2.30 p.m. a paper will be presented to the Congress by P. Hall Smith, M.A., M.D. Cantab., and T. Miller Neatby, M.A., M.D. Cantab., entitled:—"The Evidence of a Bacterial Origin of Rheumatism and Rheumatoid Arthritis, with Suggestions for Prevention and Treatment." At 4.30 p.m. a Laboratory Demonstration will be given in the Laboratory of the London Homœopathic Hospital, by Dr. J. G. Hare, Pathologist to the Hospital. At 5 o'clock p.m., the Congress will adjourn for Tea to the Board Room, at the kind invitation of the Board of Management of the Hospital.

At 7 for 7.30 o'clock p.m., the Members of Congress, with their friends—ladies as well as gentlemen—will dine in the Crown Room at the Connaught Rooms.

Members of Congress are requested to register their

names in the Secretary's Office in the Edinburgh Room immediately on arrival. The subscription to the Congress is fifteen shillings, including dinner (but exclusive of wine). A Dinner ticket alone, for guests only, is seven shillings. Members of Congress will kindly understand that those who can be present at part of the proceedings only are liable for the full subscription. Subscriptions may be transmitted to the Treasurer at any time prior to the meeting of Congress. Any member of Congress who desires to arrange for hotel accommodation will please communicate with the Hon. Local Secretary, Dr. J. C. Powell, at the London Homœopathic Hospital.

TIME TABLE OF MEETINGS AND PROCEDURE.

Wednesday, July 1st.—5 o'clock—Meeting of the British Homœopathic Society, at the London Homœopathic Hospital. 7.30 o'clock—Dinner Club of the British Homœopathic Society, at the Holborn Restaurant.

Thursday, July 2nd.—5 o'clock—Meeting of the British Homœopathic Society. 7 o'clock—Dining hour available for private hospitality. Organon Lodge Dinner. 9 o'clock—Reception by the President of the Congress and Mrs. Johnstone, at the Connaught Rooms, Kingsway.

Friday, July 3rd.—10 o'clock—The Presidential Address. Presentation of Synopsis of Collective Investigation by Dr. Goldsborough. 11 o'clock—Papers by Dr. J. G. Hare, Dr. E. Cronin Lowe, Dr. C. E. Wheeler. 1.15 o'clock—Adjournment to Luncheon. 2.30 o'clock—Business Meeting. 3 o'clock Paper by Dr. P. Hall Smith and Dr. T. Miller Neatby. 4.30 o'clock—Demonstration by Dr. J. G. Hare in the Laboratory of the London Homœopathic Hospital. 5 o'clock—Tea at the London Homœopathic Hospital. 7 for 7.30 o'clock—Dinner at the Connaught Rooms.

ORIGINAL COMMUNICATIONS.

KENT'S REPERTORY.

BY DR. MARGARET TYLER,

With acknowledgments to DR. R. GIBSON MILLER,
DR. WEIR (*from whose lectures this is mainly
reproduced*), and DR. BORLAND.

WHEN one thinks of the bewilderment and despair of the uninitiated, engaged in a first tussle with Kent's stupendous Repertory, one is haunted by the old-time story of the man of great authority from Ethiopia, sitting in his chariot, reading as he journeyed, to whom a stranger joined himself with the pertinent question, "Understandest thou what thou readest?" and the prompt reply, "How can I, except some man should guide me?"

"*How can I, except some man should guide me?*" There are mazes yet that badly need the "silken clue" . . . Kent's Repertory is such a maze. Once the thread in hand, you can penetrate with ease its deepest recesses. But without the clue, you are hopelessly lost.

It is a question whether men trained from the start in Homœopathy can at all appreciate the difficulties of those who were never trained, but who have had to pick out everything for themselves. They hardly realise the almost insuperable difficulties presented by such a work to those who lack the very simple clue, in the *scheme* on which, from end to end, the Repertory is compiled. Once master the scheme, and it is simplicity itself. You can turn up, in a moment, what you want.

But, what *do* you want? . . . You have got to learn that too! For without the knowledge of what you *do* want, without the all important grading of symptoms (*i.e.*, the realisation of their comparative value) life is too short, even when you have mastered its construction, to use the Repertory as your habitual guide in prescribing. And unless you *do* so use it, and commonly work out your cases, you will be unable to use it, or to trust it in emergencies, when you would give your very soul for a drug that could save.

For my part, I can sympathise and understand ; because I so well remember my own difficulties. Until I first heard Dr. Weir's lecture on the subject, three years ago, in spite of having worked with quite a number of repertories for years, comparing them in the effort to deduce from them something simple and quickly workable, I must say that I groped hopelessly in Kent ; especially in the *pain* sections ; and had not the haziest notion how to find just what I wanted. Rubric after rubric, at the interval of a few pages, seemed to have almost the same heading, and yet a different list of remedies. The same ground seemed to be covered again and again, with a different result. How was I to choose my exact rubric, and be sure of my drug ?

Therefore, remembering my own experiences, as one of the great uninitiated, and the illumination that came to me in what I then thought one of the most important of an important series of lectures, when the call came recently, in two urgent requests, one in this country and one in America, to put this paper into shape, I felt that I must answer it ; must try to reproduce, in part anyway, the subject-matter of that lecture ; so that others too may grasp the idea, and be made " free " of the Repertory.

To be asked to pronounce and teach under the very eye of critics* and experts is not a little alarming. Yet I have a feeling that I may be able to deal with the question more helpfully than even the highest authority of all, or the men he has trained (who, in their turn, taught me all that I know), simply because I am unique among them in having experienced the difficulties of the uninitiated. They have not ! Therefore to the uninitiated I offer this attempt at help ; trusting that in the discussion that follows, the critics and experts may be able to point out any errors or fallacies ; and that Dr. Kent himself will be moved to endorse or refute what is here put forth. The subject is URGENT, if Homœopathy is to reign. Nothing will count, in these days, but the best work.

* This paper was presented at the meeting of the Homœopathicians, in Chicago, recently.

But before considering *where to look for what we want*, let us pause for a moment to consider *what we want to find*. For to quite know what we want to find will simplify our work, and greatly limit our labours.

What we want to find, is, of course, the homœopathic remedy. That is what we go to the Repertory to discover.

But what is the homœopathic remedy? Why, the homœopathic remedy is always that drug which, in its pathogenesis, exhibits the morbid symptoms of the actual patient we desire to cure.

The actual patient, to begin with! It is the symptoms of the *patient*; not necessarily the symptoms of the disease for which the patient consults us.

Hahnemann says that the physician must realise that he is concerned not with diseases, but with sick persons. In a patient we must see a *person* who is suffering; an *individual* who deviates from the normal of the race, and from his own normal; a mortal out of tune, to some extent, with environment, physical or mental, and therefore distressed.

If you are treating merely a case of some named disease, and attempt to hunt that disease through Repertory and *Materia Medica*, you are very unlikely to discover the curative remedy. To begin with, drugs have seldom been pushed far enough to produce pathological lesions; and if your work is based on pathological changes, you are done. Again, supposing many drugs *had* been pushed so far as to produce Pneumonia, for instance, each would produce not only a pneumonia with symptoms peculiar to itself, but would also elicit symptoms peculiar to individual provers, so that you would still need to individualise, in order to cure. Pathologists know that drugs produce pneumonia or sciatica; what they do not know is that they produce a *modified* sciatica or pneumonia.

What you have to discover is, the remedy needed by the patient himself; the remedy that corresponds to him, body and soul—and more especially soul! You need his individual remedy; the remedy for which *his* symptoms (symptoms inherent in himself, not dependent on his pathological lesions,—his “obvious morbid anatomy,”) cry.

So you may find that there are a great many symptoms, very pressing to the patient, that you may discard at once, since they will not help you one scrap in your search for the remedy. A patient with ankylosis is necessarily *stiff*. The stiffness appeals to him ; and on account of that stiffness he appeals to you ; since it limits his movements, and cripples his activities. But stiffness will not help you in your search for a remedy for that patient ! It is a common, an inevitable symptom in ankylosis, accounted for by the pathological changes.

Dyspnœa, with an enlarged thyroid, in part impacted behind the clavicles, would be intensely distressing to the patient ; but it would not be an important symptom, unless qualified, so far as *repertory* work was concerned. It would be a "common" symptom, with such a lesion, dependent on a mechanical cause. The drug, unless it had been pushed to produce *just* such a lesion, would not need to have *Dyspnœa* in black type ! *Dyspnœa*, on the contrary, with nothing grossly mechanical to account for it, might lead to the consideration of certain remedies, especially if qualified by some modality, as "worse in wet weather—on waking—during sleep." Or again, *frequency of micturition*, with a morbid growth impacted in the pelvis, would not help you in the choice of a remedy. It would be a symptom secondary to gross pathological change ; not a symptom expressing the patient herself, but a symptom merely dependent on mechanical pressure; promptly relieved by the removal of the tumour.

Symptoms, then, dependent on mechanical cause, do not express the patient, and are useless for homœopathic prescribing. They may, it is true, lead to the exhibition of a more or less palliative remedy—palliative to the pressing distress ; they are useless for the selection of the curative drug.

So, before you ever open your repertory, or plunge into the vortex of drugs, you can discard all the symptoms dependent on gross lesions, and so cut down a little your work.

Which means, *always examine your patient with care before you start with the repertory.* Be sure that the

symptoms you take are peculiar to, and characteristic of the patient *himself*, and not merely secondary to disease. But remember! you cannot eliminate symptoms dependent on a disease which you have not diagnosed!

Besides pathological symptoms, there are COMMON SYMPTOMS ; and these again will not help you greatly ; will not help you at all, as a matter of fact, unless qualified. But they will cause you an immense amount of work, if you elect to start on them.

Common symptoms are of two kinds, symptoms *common to the disease*, which are merely diagnostic, and do not show how the patient reacts to this particular "morbific agent," as Hahnemann puts it ; and symptoms *common to an enormous number of drugs*, and therefore useless for the selection of one remedy—such as diarrhoea, vomiting, excessive sweating, headache. Common symptoms do not serve to distinguish, and you need to *distinguish*, if you are to pick out THE drug. Take the question of *thirst* ; your patient has fever, and is extremely thirsty. This is a common symptom ; *doubly* common as a matter of fact, for thirst is common to very many remedies, and to most fevers. You must have something more, something that distinguishes and qualifies to make the symptom of the slightest use to you :—and yet the symptom is a general symptom, and, as concerns the patient, urgent. Enquire further, and see if you cannot make it useful. Supposing you find that the thirst is at one particular hour ; or only during the cold stage, or before it ; or that it is for large quantities, or small ; or that there is thirstlessness during the period of high temperature only ; or a raging thirst with no desire to drink ; why, these things are peculiar to individual patients and to fewer drugs, and are therefore of importance. Underline them. They are distinctive. You will be able to use them to help to find the remedy. You see how a common and useless symptom may be transformed into one of Kent's "strange, rare and peculiar, therefore general symptoms—because *strange, rare and peculiar must apply to the patient himself.*"

So with all common symptoms, whether general to the patient, or particular to his parts—diarrhoea,

vomiting, localised pain, headache—the very ailments for which the patient comes to you for help ! See what long rubrics, with almost every drug in them ! They will not help you one scrap. Never start on these. They are absolutely useless unless you can get something that qualifies, that distinguishes, that is peculiar to THIS patient with diarrhoea, or headache ; if so, a common symptom, *qualified*, may help you in your work.

But if we may not take the ailments complained of by the patient, and if we may not take the urgent and distressing symptoms dependent on a lesion, what in heaven's name *are* we to take ? What *are* the symptoms that *do* denote the patient ? What are the symptoms on which we *may* start ? And how are symptoms to be graded, as to their relative importance ?

Kent (closely following Hahnemann in this, as in all things) is most definite as to the symptoms of first grade ; the symptoms of supreme importance to the case, as expressing most absolutely the patient. These are the MENTAL symptoms. They, *if they are marked*, dominate the case.

You may find that a patient is intensely jealous, or suspicious, or tearful, or indifferent to loved ones, or reserved and intolerant of sympathy and consolation. In sickness these things come out. Often in sickness the very nature seems to change ; the rash and reckless become timid for themselves and others ; the good-tempered, snappy ; the irritable and restless, patient. If a mental trait is marked, and especially if it denotes change from the patient's normal, it is of the utmost importance to the case ; and you know that it must be in the same type in rubric as in patient ; which means that only remedies in the higher types are likely to fit the case. If the symptom is not very marked, beware how you use it to eliminate drugs ; if the rubric is very small, take it, but take a larger rubric with it, that more or less includes the trait. Do not risk missing your remedy for an ill-marked mental, or a very small rubric. But if it is *very* marked, you know that the remedy you are in search of must be among the drugs in that rubric ; so here again you may be

able to limit your work. Kent says, "When you have taken a case on paper you must settle upon the symptoms that CANNOT be omitted *in each individual.*" Such a marked mental--mentals being of the highest grade!—would be one of the symptoms that you CANNOT omit *for this individual*; therefore your remedy must be here. And therefore you can use it as an eliminating symptom, to compare with all the subsequent rubrics you consult; from which you can often discard the drugs that do not appear in this first essential list. With this guide, this strong eliminating symptom, straight from "the heart of the patient's heart," as it were, you can go through the rubrics of the patient's symptoms in their order (*i.e.*, *mentals* first, then *generals*, then *particulars* with modalities), taking from each list only the remedies that appear in this first rubric, (insane jealousy, or whatever it be), but taking all these jealous remedies from every subsequent list. In this way you can work rapidly down, till you are satisfied that you have found the remedy that fits the patient *as a whole*.

But this means much! To eliminate with safety, you must take symptoms seriously, not lightly. You must be absolutely sure that your symptoms are real and marked; that they do actually express the patient. You will have to ask many questions in order to elicit a few telling symptoms: and you must be quite sure that you and your patient mean the same thing. There are many pitfalls!

But even the mental symptoms are graded. Of highest rank in importance are those that relate to the WILL, with loves and hates, suspicions and fears. She hates her child—is jealous—fear of disease—of solitude—these are among the highest mentals.

Of second grade, those that affect the UNDERSTANDING, with delusions, delirium; loss of the sense of proportion, with exaltation of trifles, delusions of grandeur, or persecution. Of third and lowest mental grade, those that relate to MEMORY.

Then those symptoms, as Kent puts it, "strange, rare and peculiar, therefore among the highest generals; because *strange, rare and peculiar* must apply to the

patient himself." These must take a high place in the search for the remedy ; but a place depending perhaps on their grade ; for a peculiar *mental* would rank higher than a mere peculiar *local* symptom. Many of them are indicative of one or two drugs only. Write them down high in your list, but use them with care. As Kent says, "the great trouble with keynotes is that they are misused. The keynotes are often characteristic symptoms ; but if the keynotes are taken as final, and the generals do not conform, then will come the failures." As a matter of fact, wiping out a symptom, and curing a patient, are not synonymous.

A drug in its provings can only evoke in each case what was there already, latent in the prover—even as disease brings out weak points, and therefore does not affect two patients exactly alike. It requires many provers of different types, and different defective resistances, to bring out the whole picture of a drug pathogenesis. Had more drugs been more extensively proved, many more "rare, peculiar and distinctive" symptoms would probably have seen the light. A patient's own individual remedy, prescribed on mental and general symptoms, will often wipe out peculiar symptoms that it has never been recorded as having evoked, and which are the striking keynotes of *some other remedy*. Therefore beware how you take rare and peculiar symptoms, with only one or two drugs to their credit, as eliminating symptoms. This is easy, but often fatal. They *may* put you straight on to your drug (*if* the rest of the case fits!)—they may put you straight off it! You dare not use them, ever, to throw out drugs; though where there is nothing in the generals to contradict, they afford a strong reason for the exhibition of a remedy that has been known to produce and cure them. They are invaluable often to give the casting vote.

As Kent says, "Get the *strong, strange, peculiar* symptoms, and then SEE TO IT THAT THERE ARE NO GENERALS IN THE CASE THAT OPPOSE OR CONTRADICT."

But there may be no very marked mental symptoms, but the patient may be a very chilly patient, utterly

intolerant of cold. In such a case you may limit your labour often, by throwing out from each rubric the *hot remedies, intolerant of heat*, as you work down your list. Or conversely, if the patient is a *hot* patient, and intolerant of heat in every form, why only the *hot* remedies in each rubric need to be considered; you can throw out the chilly ones. But to be safely used, such symptoms must, of course, be general to the patient as a whole, not particular to some part (for general and particular symptoms are often flatly contradictory), and they must be very marked. If too lightly used, there is always the risk of throwing out the remedy you need from the very start. It is this dread of missing the remedy that leads some of us to expend such an enormous amount of labour on our cases, and to use methods that Kent describes as "hard and arduous, entailing an enormously larger amount of work than he does in his cases." This he stigmatises as "working uphill."

Besides hot and cold remedies, Kent has a smaller rubric of remedies affected by *both heat and cold*. It is useful where patients are intolerant of both extremes of temperature. You will observe that there are both hot and cold remedies in this list. It occurs on p. 1312 of the Repertory.

And here, with a plea for criticism and pronouncement, I will insert a list of grades, as we more or less understand them; for Kent says in a private letter from which I have been quoting, "The student and physician must work to settle the generals, common symptoms and particulars to the fullest extent, if he wants to save work." And a *realisation of the relative importance of the marked symptoms of a case* is essential for the best and quickest work.

MENTALS :

WILL ; with loves, hates, fears.

UNDERSTANDING ; with delusions, delirium.

MEMORY.

STRANGE, RARE AND PECULIAR :

These may occur among mentals, generals or particulars, and must therefore be of varying importance and rank.

PHYSICAL :

Sexual perversions (loves and hates, physical) or those referred to stomach, as desires and aversions for foods; for hot and cold foods and drinks; appetite; thirst.

PHYSICAL GENERALS :

Reactions to HEAT AND COLD
to TIME

damp and dry

electricity

oxygen and carbon di-oxide.

to menstruation

to position, gravitation

pressure, motion, with train-sickness, &c.

Food aggravations and ameliorations.

CHARACTER OF DISCHARGES.

PARTICULARS : (relating to a part, and not the whole; qualified, always).

Of these last Kent says, "Do not expect a remedy that has the generals must have all the little symptoms. It is a waste of time to run out all the little symptoms if the remedy has the generals. Nothing disturbs me so much as the long letters I get from doctors who show how they have wasted time on useless particulars. Common particulars are generally worthless."

"Get the *strong, strange, peculiar symptoms*," (it will bear repeating !) "and then SEE TO IT THAT THERE ARE NO GENERALS IN THE CASE THAT OPPOSE OR CONTRADICT."

And again he says, "When looking over a list of symptoms, first of all discover three, four, or five or six (or as many as may exist) symptoms that are strange, rare and peculiar: *work these out first*. These are the highest generals, because strange rare and peculiar must apply to the patient himself. When you have settled upon three, four or six remedies that have these first generals, then find out which of this list is most like the rest of the symptoms, common and particular.

"When you have taken a case on paper, you must settle upon the symptoms that CANNOT be omitted in

each individual. If he is worse from motion, you cannot omit that, unless it is common, which means if due to inflammation. (Every inflamed and swollen joint is worse from motion, hence in *that* case, aggravation from motion is not worth much). Worse from consolation, she hates her mother, she hates her children, she is worse from music, she is sad before the M. Period, she is chilly during menses, during stool, during urination. Eliminate these from, she is always too warm, worse in a warm room, *craves cool air*, all symptoms come on when she is dressed too warmly, &c., &c. Then see how many remedies you have; perhaps only three or four, perhaps only one. Notice whether there is anything in the case that opposes this one. If there is nothing, then give it. If you see the keynotes of *Arsenicum*, next see to it that the patient is chilly, sensitive to air, fearful, restless, weak, pale, must have the pictures on the wall hung straight, and *Arsenicum* will cure.

"Or if the keynotes look like *Pulsatilla*, see to it that she is *not chilly*, that she likes the windows open, wants to walk in the open air, is better from motion, tearful, gentle The great trouble with keynotes is that they are misused. The keynotes are often characteristic symptoms; but if the keynotes are taken as final, and the generals do not conform, then will come the failures."

* * * * *

And now, at last, to the REPERTORY! We know what we want; let us see *where to find it*,

In the Repertory it is a question of *Alpha* and *Omega*, the beginning and the end, the first and the last. . . . the MENTALS in the first section of the book, the GENERALITIES, (or GENERALS) at the end, in the last section. These are what most import us. Many a chronic case may be worked out on mentals and generals only, and the particulars will be found to fit in, in a marvellous way.

Observe that in the Mentals at the beginning, in the Generals at the end, and in all the intermediate sections, from cover to cover, *the same arrangement*

holds ; so that we can master it at once, and for all Everywhere it is the same. . . .

First, TIME.

Next, CONDITIONS IN ALPHABETICAL ORDER.

Then, when it is a question of pain, LOCALITY,
CHARACTER, EXTENSION.

Take a mental symptom from the first section of the book ; take *anxiety*.

First, always, TIME. . . ANXIETY ; morning, afternoon, at night ; at some special hour.

Then, *conditions under which anxiety has been observed, in alphabetical order*. . . ANXIETY ; in open air, in bed ; as of a guilty conscience ; during fever ; for others ; before menses ; about salvation ; on waking, and so on.

Now turn to the last section of the Repertory, the Generalities, or GENERALS. Here we have the aggravations, ameliorations and reactions of the patient *as a whole* to physical environment ; and here again precisely the same arrangement is found.

First, in regard to TIME. The patient is generally worse in the morning, at noon, at night, at such an hour. (Where nothing is specified, aggravation is always understood. "On waking" means *worse* on waking. It is normal to be ameliorated by sleep. We do not repertorise the normal !)

Then, after time, come the *general conditions of the patient, as a whole, in alphabetical order*. These always apply to the patient generally. (The aggravations of his various parts, head, skin, stomach, limbs, occur earlier in the book, each in its own section.)

Among these Generalities at the end of the book we find worse and better from *bath and washing* ; from *cold* ; from *wet and dry* ; from *position, motion, pressure, eating, sleep*, and so on.

Here also, inserted alphabetically among the rest, you will find nearly all that there is of *pathology* in the book, and that is not much. Also certain conditions, in their alphabetical place, such as *faintness* ; *convulsions* ; *fullness* ; *pain* in general--its *onset*, gradual or sudden ; and its *disappearance* in the same way, and their combinations ; its *character*, burning,

pressing, shooting, &c., and its *direction*, pains that shoot up, down, inwards, outwards, across. (Elsewhere under different headings, in their different sections we must look for particular pains, located in *head*, *limb*, *joint* or *organ*.)

But under these broader headings, such as *faintness*, *convulsions*, you will again find qualifications, aggravations and ameliorations; and in all of these, down to smallest sub-sections, the same order reigns. TIME first, then CONDITIONS, alphabetically. (As FAINTNESS morning; after midnight; at such an hour; during fever; before or after eating; on exertion; after M.P.; while standing, and a host of others.)

But there are also a few Generals scattered through the earlier sections of the book, and we must know where to look for them.

Desires and aversions in regard to foods are to be found in the section STOMACH, with *hunger* and *thirst*—these latter with their modifications and qualifications in regard to *time*, first, and the other conditions in alphabetical order. Observe that while hunger and thirst, and desires and aversions for different articles of diet are placed in the section STOMACH, the *aggravations and ameliorations from eating, drinking, and from different kinds of food and drink* are found (most of them under the heading FOOD) among the Generals at the end of the book.

In the same way, while the general aggravation and amelioration in regard to the menstrual function are placed in the Generalities, as we saw; all the important menstrual conditions are to be found in the section GENITALIA—FEMALE. While particulars with menstrual modifications will be found scattered from end to end of the book, as for instance, various *mental* states modified by menses will be found under their headings in the MENTAL section. Various *headaches* modified by menses in the section HEAD. *Stomach or abdominal distresses* modified by menses in the section STOMACH or ABDOMEN.

Everywhere and in everything the self-same arrangement holds. *The better and worse of the patient as a whole* occurs always under the Generalities: *the better*

or worse of a part or organ (the particular) is always found in its appropriate place, whether under HEAD, STOMACH, CHEST, EXTREMITIES.

Between the MENTALS at the beginning and the GENERALS at the end, the intermediate bulk of the book, with these few exceptions, is concerned with PARTICULARS: that is to say, not with the patient as a whole, but with his various parts.

Let us now take *pain in the extremities*, the most alarming and bewildering of all to the neophyte; for it occupies more than 120 pages of the book, and is absolutely hopeless without knowledge of the arrangement.

It starts, as usual, with what is more general. . . . PAIN GENERALLY IN THE EXTREMITIES. First as to TIME, then the usual modifying conditions in alphabetical order, as—during chill; when lying; during M.P.; rheumatic; alternating with different ailments; wandering and shifting; in wet weather, and so on.

Next, PAIN, as LOCALISED GENERALLY; in *bones, flexor muscles; joints, nails, tendons*; always qualified as to various conditions, first as regards time, and the rest in alphabetical order.

Then PAIN as localised in the UPPER LIMBS GENERALLY, right; left; with the same conditions following; first as to time, then the rest alphabetically; then EXTENSION.

After finishing the upper limb as a whole, Kent now takes its parts, SHOULDER, UPPER ARM, ELBOW, FOREARM, WRIST, HAND, FINGERS, with all their details, to individual fingers, with joints, nails, tips; each time with conditions in the same order—time; other conditions alphabetically, then extension.

The upper limbs so far disposed of, the LOWER LIMBS are now taken in precisely the same way, with the same detail, and the same arrangement; and that ends localities generally; and Kent next proceeds to consider the CHARACTER OF THE PAIN, and under the various headings, ACHING, BURNING, CUTTING, DRAWING, &c., the whole thing is gone into again! As for instance—

ACHING, generally, with its TIME and other conditions.

ACHING in BONES, JOINTS, EXTENSORS, FLEXORS.

ACHING IN UPPER LIMBS, with *time, other conditions, extension.*

Then ACHING in all the LOCALITIES in order, first of *upper limb*, then of *lower*, with in each case, the usual conditions, first as to time, then the rest in alphabetical order, then extension.

So through all the various kinds of pain, *burning, pressing, shooting, tearing*; each being carried down through all the localities, from the larger and more general, to the smaller and more particular, with always, time aggravations, other conditional aggravations, and extension. Truly an amazing work.

Thus we are made free of the Repertory; for wherever PAIN occurs, whether in HEAD, STOMACH, BLADDER, BACK, the arrangement is precisely the same:

First, PAIN GENERALLY, in regard to *time and other conditions—these always in alphabetical order.*

Next, PAIN LOCALISED, in regard to *time : other conditions, and extension.*

Then CHARACTER OF PAIN GENERALLY, with *time ; other conditions ; extension.*

Then CHARACTER OF PAIN IN REGARD TO EACH LOCALITY IN TURN, always with regard to *time ; other conditions in alphabetical order*, and extension.

The homœopath is already familiar with the broader arrangement of the REPERTORY, for it is that of the *Materia Medica*. In conclusion, let us just glance through it, as there are a few points of difficulty in the search for what we want.

Let us run through the book, taking the Sections in order.

MENTALS.—Here especially we need to read constantly, and compare. We may very often have to take the idea, and resort to synonyms, in order to find just what we need. Sometimes we have to combine rubrics. Among the Mentals, the sub-sections are often far more important than the lists under the large and more general headings. WEEPING is a very long rubric, and is common to very many remedies; it is

qualified below, WEEPING at a certain hour ; alternating with cheerfulness ; causeless ; consolation aggravates ; while telling symptoms ; from music ; these things individualise, and carry us nearer to the remedy. It repays you to constantly study the Mentals ; to know exactly what you can find there, and under what precise phraseology. Observe that SENSITIVE TO LIGHT, NOISE, &c., are here ; while sensitive to odours comes under "SMELL acute," in the section NOSE.

VERTIGO.—Here are several headings that denote levitation ; and here we get sensations of sinking, and tendency to fall to right, left, &c.

HEAD.—Includes HAIR.—Here we get all the head sensations and pains ; and here, for head only, we get what we had previously noted in GENERALITIES, for pain generally, i.e., increasing and decreasing suddenly or gradually, and their combinations.

EYE.—With a separate section, VISION.

EAR.—With discharges and pains, but with a separate section, HEARING.

NOSE, including its function, SMELL.

MOUTH, including TONGUE, which is interwoven into all its sections ; but with a separate section for TEETH. (Coated tongue you find under "Mouth, discoloration.")

From mouth, away down the digestive tube, taking first THROAT, with tonsils, uvula, æsophagus.

And here, in the next section, Kent inserts EXTERNAL THROAT, with cervical glands and thyroid. This section is always difficult to find.

STOMACH, with the important Generals—the desires and aversions in regard to articles of diet, and hunger, and thirst. (As we said, better and worse for eating and drinking, and for different foods are found in Generalities.)

ABDOMEN. Here most of the menstrual pains are to be found. As it is difficult often to differentiate between gastric and abdominal pain, it is often advisable to consult both these sections.

RECTUM, with a separate section for STOOL. Diarrhoea, Constipation and Urging, are found under RECTUM, whereas character of stool - loose, hard, large.

gushing, forcible, colour, odour, &c., are in the next section, STOOL.

Then, under URINARY ORGANS, we get no less than five sections, and they are very puzzling at first, because BLADDER and URINE are widely separated, and one hardly knows what to look for in each. These sections are, BLADDER, KIDNEYS, PROSTATE GLAND, URETHRA, URINE. *Urging, retention, &c.* occur under BLADDER; whereas the character of the urine, its odour and deposits are to be found under URINE. Here also we find urine *copious* and *scanty*.

GENITALIA, in two sections, for MALE and FEMALE. In the latter are found the important Generals associated with menstruation, whereas, as we saw, the *generally worse and better* in connection with menses, are placed under GENERALITIES, at the end of the book.

Then we are taken back to the THROAT, to start this time down the *respiratory tract*. Kent's order in compiling the Repertory is always, *from above, down; from the more important to the less; from the most broadly general, to the most minutely particular*.

LARYNX and TRACHEA.

RESPIRATION.

COUGH.

EXPECTORATION.

Then CHEST, into whose sections are interwoven *lungs, heart, mammae*.

BACK.

EXTREMITIES.

Next, SLEEP, with dreams. Really an important general. This includes *positions in sleep*; whereas *better and worse for sleep*, and *for different positions lying*, are found at the end of the book, in Generalities.

Then the FEVER sections. . . CHILL, FEVER, PERSPIRATION. (Under Fever, you find the succession or stages, which may be important.)

Lastly SKIN; which, remember, is merely a particular, an organ, though a very important one, as regards its excretory function.

And so the book ends up with the all-important section, GENERALITIES.

THE MEDICAL ASPECTS OF A MEDICO-SOCIAL PROBLEM.

BY DR. NEATBY.

Concluded from page 224.

WHATEVER opinion be held as to whether pregnancy be a physiological or a pathological process, it is clear that during gestation, the metabolic processes are in a state of disturbed equilibrium. A few of the conditions resulting in sterility have been briefly alluded to in a previous paper. The same causes are operative in bringing about ante-natal death and death in the early years of life.

The diseased condition which usually eventuates in puerperal eclampsia furnishes one of the best instances of how the so-called high pressure physiology may merge into or induce pathological conditions ; or alternatively how, in the present state of our knowledge the two are inextricably mixed up. Take two of the most modern theories of the causation of eclampsia ; and first that which regards the developing placenta as a new hormonal gland, whose secretion becomes absorbed by the maternal circulation. This secretion probably has, amongst other effects, an influence on the ductless glands, the actions of all of which require correlation with the new hormonal stimulus. Amongst secretory glands the liver is the one upon which the unaccustomed duty bears most severely. Does the placental hormone stimulate or inhibit the hepatic cells, or is the effect merely a vaso-constricting one, like, say that of the pituitary body ? Next the excretory organ, the kidney, suffers, either primarily from the effect of the placental secretion or secondarily from the damage done by it to the liver.

If the placental hormone is always present and only occasionally ill effects show themselves, the fault must lie with the maternal response, which sometimes fails to neutralise the secretion which it evidently regards as a toxin from whose effects the patient requires immunisation, or it may fail to correlate the metabolic processes to meet the new "foreign" substance thrown into the circulation. In some instances the outcome

is uncontrollable vomiting and hepatic atrophy, with convulsions ; in others, at a later stage, fits and renal involvement, with lesser hepatic derangements. In these two cases is the placental secretion different ? or does the different effect suggest that the maternal organism normally produces a variety of anti-bodies in response, and that sometimes one variety fails and sometimes another ?

Secondly, as to the most recent theory of Young of Edinburgh ; he believes that the basic cause of eclampsia is a decidual haemorrhage, which results in placental infarction and necrosis, from which he believes toxins are absorbed which bring about eclampsia. This theory requires substantiation, for its attractive simplicity at once arouses the suspicion that it is " too good to be true." The obvious criticism founded on investigation is that such infarcts are very much more common than is eclampsia ; this, however, is not a serious argument against the correctness of the theory. It only indicates that in many cases the necrotic toxins supposed to be absorbed, are often adequately antidoted and occasionally are not.

In any case, this theory of decidual haemorrhage is frankly pathological and only takes us one stage farther back ; for if the haemorrhage is the cause of placental necrosis, and necrotic toxin the cause of eclampsia, what is the cause of the haemorrhage ?

This bewildering series of queries without answers only serves to show how many points exist calling for elucidation. Investigations are required of the urine, not only as regards albumin, but as regards total solids, urea, indican, ammonia co-efficient, and of calcium, phosphates and chlorides ; of the faeces for nitrogen, occult blood, fat and new substances ; of the blood pressure ; of the immunity reactions after the manner of Abderhalden. These all require to be conducted on patients well and ill, that we may ascertain the limits of physiological variation and the definite pathological danger zones.

The importance of Abderhalden's tests, and of possible extension and modifications of such reaction, is very great, not only as establishing a diagnosis of

pregnancy in doubtful cases, but as furnishing evidence as to the degree and kind of tissue response to a variety of stimuli. I am therefore inserting here, from the expert pen of our colleague Dr. Hare, a simplified account of this elaborate test. For the courtesy of this contribution, which adds greatly to the value of my paper, I tender Dr. Hare my hearty thanks.

Abderhalden's Dialysation Tests.

"The presence of placental tissues in the body, i.e. uterus, F. tubes, retained products, in other words pregnancy, excite in the serum a specific ferment which causes the breaking down of the placental proteins, amongst the products of which is, of course, Peptone. The test therefore is one for the presence of the specific ferment in the serum as ascertained by its power of producing peptone from the placental protein.

Method of Test.—"A portion of placenta, freed from fat and blood is placed in a dialyser with a measured quantity of patient's serum to be tested. This is incubated for about 18 hours, then a measured quantity of the dialysate is tested for colour reaction after the addition of 0.2cc. Ninhydrin 1 per cent., and boiling continuously for one minute.

Positive : a violet blue. Negative : no change.

J. G. HARE."

The method as applied to pregnancy has its limitations and fallacies, but when conducted by a laboratory expert, the reaction furnishes a fairly reliable test. In 394 cases as reported by six authors, only four errors were found. Syphilis and some other specific conditions however, are liable to introduce errors ; a positive reaction has been recorded even in a male subject. Serum taken during the process of digestion may yield sufficient amino acids to cause a colour reaction. Hæmolysis occurring before the serum separates may produce a similar result. A control should be used without tissue and the dialyser should be tested before use. The test is available from the first month of pregnancy to fourteen days after delivery. In extra-uterine gestation it may be very useful. Other specific anti-bodies may be detected by replacing the placental

tissue by some other organ or tissue such as kidney, intestinal mucous membrane, thyroid gland, cerebral cortex, cancer tissue, etc.

The various tests based on this dialysis method are thus seen to be capable of very wide application.

Of other causes of ante-natal or early post-natal death, syphilis is the most common, and its manifestations the most protean. The work and teaching of the late Jonathan Hutchinson, extended our knowledge of that disease, and though the subject was always complex, it was left in a comparatively well-ordered and carefully classified condition by his labours.

Our ideas have quite recently been completely upset by the discovery of the parasite of syphilis, of the Wassermann reaction and of the Salvarsan and Neo-Salvarsan treatment. New light is thrown upon the pathology of many infantile conditions, and it will require some years of clinical investigation and laboratory research before the present fluid conceptions become consolidated and organised.

The tendency of the moment is to put down almost all ailments to Syphilis, Tuberclse, Cancer, or alimentary toxæmia, and of the cases we are considering, a very large proportion to Syphilis.

It is a counsel of perfection to suggest that in every case of unexplained abortion or early infantile death, the history and actual physical condition of the mother should be carefully investigated, and the examination should be extended to the father whenever adequate material cause is not revealed. Research on this basis, however, is urgently called for.

It is not proved, but it is a safe deduction, that many of the causes inducing death in the early months and years of life are the same as those which are answerable for ante-natal mortality. For the purpose of this paper it will be assumed that such is the case.

A few examples may here be mentioned to show the recent extension of our knowledge, and at the same time its incompleteness. Where a question arises as to the increase or diminution of the frequency of a disease, the effect of improved methods of diagnosis

must be considered. Increased accuracy may result in the exclusion of some cases from a given category, and the inclusion in it of others, and temporarily in inability to classify certain conditions at all. For example, the discovery by Jenner of enteric fever removed a vast number of cases from the typhus group; advancing knowledge brought a large number of doubtful cases into the cancer group; and some of the parasyphilides may prove to be true syphilis, and others not syphilitic at all. Perhaps the same may be found to be true of para-typhoid.

Whether syphilis is on the increase or not, two features may be accepted as true—that the type of cases is less severe than formerly, and as a result of that fact, combined with earlier and more accurate treatment, a smaller mortality from that disease obtains in the very early period of post-natal life, while there is an increase of some tertiary diseases of the central nervous system in adolescence. The rare cases of locomotor ataxy and of general paralysis in children, may be quoted as examples of this circumstance. The same may be said of some of the hemiplegias and spastic conditions developing suddenly and silently in young children.

Great care in the treatment of these cases of congenital syphilis is needed, especially where the child is manifestly ill with the disease, as happens in some cutaneous and laryngeal cases. Even in modern times where acute mercurialisation is not common as the result of treatment, some of the cases, fatal "in spite of treatment," are undoubtedly examples of drug sensitiveness; such disasters are not likely to occur to anyone familiar with homœo-therapeutics. More subtle though perhaps not less real, may be the danger of flooding a delicate child's circulation with the liberated poisons from dead or dying bodies of a number of spirochœtes, as the result of curative treatment by Salvarsan.

A valuable work might be carried out by medical readers of this journal with the co-operation of the laboratory of the London Homœopathic Hospital, in elucidating the position of syphilis and ante-natal

and early post-natal deaths. Not only might valuable academic information be obtained, but preventive treatment of one or both parents would result in the saving of life. A point of great importance requiring settlement is whether or not the use of homœopathically selected drugs in low or high dilution can really cure syphilis. There can be no doubt that such treatment is vastly better than the mercurial treatment current in the time of Hahnemann and long after. There is also no doubt that it will induce an improved state of general health in syphilitics and hasten the resolution of some of the various specific manifestations. Whether it will prevent the development of secondaries in a primary case, or abort an existing secondary stage and eliminate the tertiary stage entirely, awaits proof.

Some of the so-called cures "relapse" and the tertiary manifestations develop after the usual latent period. Satisfactorily to answer the query raised, no documentary evidence exists which would be accepted as proof to-day. At present the test of the power of any treatment to cure syphilis must be: can it eliminate spirochœtae which have been demonstrated to be present and change a positive Wassermann reaction to a negative one? It is not disloyalty to homœopathy to raise this question. If the answer is in the negative, there is nothing surprising or discreditable in the fact that homœopathically acting remedies cannot vanquish successive generations of actively multiplying parasites in the body. This is especially the case if the spirochœte is a spore-carrying organism as has been recently asserted. In this case Salvarsan itself may be impotent. On the other hand, if the answer be in the affirmative, then no evidence hitherto produced in support of Homœopathy would be so convincing as a series of positive Wasserman reactions irrefutably demonstrated to be rendered negative.

Further investigation is also called for in the case of mothers bearing children who develop syphilis, though themselves showing no symptoms of the disease, and yielding negative reaction. How long does their

reaction remain negative? Are such mothers permanently immunised through the absorption of protective substances during the sojourn of the infected embryo and foetus in utero? or does their Wassermann reaction shortly become positive?

Another subject requiring further investigation is, why have observers frequently failed to find spirochaetæ in the tissue of embryos, whereas in the case of macerated foetuses these parasites are present. Dr. Routh* suggests that MacDonagh's spores may be present in the embryonic cells and may develop into spirochaetæ, and may or may not destroy the embryo. The same author quotes figures as to 516 syphilitic children borne by mothers who had no signs of the disease themselves. Of these, 253 were born dead and 55 died before the fourth year. Such facts require attention without delay.

Tuberculosis.—Tubercle bacilli are rarely found in the placental or foetal tissues, and infants born of tuberculous mothers do not react to tubercle tests during their early weeks. At a later date both mother and child show a lessened resisting power. Cows do not abort from tuberculosis and hens' eggs infected with tubercle bacilli do not perish, but the chickens afterwards become tuberculous. The pregnant conditions thus seem to have an anti-tuberculous effect during gestation, but to be followed by a subsequent lowered resistance.

Malnutrition has not been proved to cause ante-natal death, but the children of ill-fed and delicate women may be born healthy, they are however more liable to die early than other healthy children.

Many acute infectious diseases and metabolic disorders induce miscarriage. The former cannot be guarded against by laboratory investigation, but if the latter conditions are discovered and treated early, the life of mother and child may be saved.

The various foetal diseases and malformations have of course a marked effect on the mortality of the embryo, foetus and infant. These conditions will not be further alluded to here than to remark that research

* *B.M.J.*, April 25 1914, p. 904.

on some of the lines already referred to may reveal a proportion of them as being due to some of the specific infections.

I shall conclude this disjointed paper, which is intentionally only superficial and suggestive, by a short recapitulative summary :—

1. The falling birth-rate in this and other countries, is occupying the attention of statesmen and scientists.
2. It can be combated by social means, instituted and supported by the State and municipalities.
3. The medical profession must co-operate with the State, etc., in attempting to deal with the causes of a lessening birth rate.
4. It is part of their duty to endeavour to lessen sterility, ante-natal deaths and infantile morality.
5. To do this extended research is called for in the following subjects :
 - (a). The physiology of pregnancy.
 - (b) The maternal causes of these three conditions (§4)
The paternal causes of the same.
The foetal or embryonic causes (if any).
 - (c). The clinical as well as the laboratory investigation of these conditions including the establishment of ante-natal wards.
 - (d). The therapeutic and hygienic measures requisite to combat them.
6. Such a work of research would benefit humanity, science and the cause of homœopathy.
7. A special fund should be raised for the laboratory department of the London Homœopathic Hospital for the purpose of physiological, pathological and therapeutic investigations.

If these remarks initiate a discussion on the subject or arouse the interest of those best able to deal with it in its various aspects—medical and surgical, but chiefly obstetrical, physiological and pathological, it will have accomplished its object, and the editor of the WORLD will feel himself justified for so generously allowing me space for this very humble and imperfect introduction.

BRITISH HOMŒOPATHIC ASSOCIATION.

REPORT OF THE ANNUAL GENERAL MEETING.

1914.

THE Annual General Meeting of the British Homœopathic Association was held at Chalmers House, on Tuesday, 5th May. After the reception and tea, the chair was taken at about 4.15 p.m., by Sir George Wyatt Truscott, Bart.

There were also present Miss Bell, The Misses Cox, Miss Prichard, Mrs. Stephenson, Mrs. Worsell, Mr. and Mrs. Henry Wood, Drs. Burford, Cronin, Roberson Day, Hoyle, Judd Lewis, Neatby, Wynne Thomas, Weir and Wheeler, Messrs. Morton, Caird, Howard, Pryer, Knox Shaw and Thirlby, the Secretary and others.

The secretary read the notice convening the meeting.

Regrets for absence were received from Mr. Lee Mathews, Mrs. Butt, Mrs. Thirlby, Drs. Burwood, Clifton, Goldsborough and Byres Moir, Mr. Callard, and the Rev. Lewis Innes.

The chairman read the following letter from Mr. Lee Mathews :

"4th May, 1914.

" My dear Sir George,

It is with very great regret that I find myself—again this year—unable to be present at the Annual Meeting of the British Homœopathic Association, of which I have the honour to be Chairman. Most unfortunately a business meeting has been summoned for the same hour, and I am obliged to attend it. Under these circumstances, perhaps you will allow me to write you something of what I had intended to say, knowing how deeply interested you are in the well-being and progress of this Association.

The Annual Report will have already been sent you, and from that you will see that I have no sensational achievements to record; but I can say—and I am very glad and thankful that it is so—that steady progress has been made in two or three directions.

For one thing, we are already able to record valuable results in research, for which we have been able to make

grants from the Beit Research Fund, established rather more than a year ago.

In propaganda work there has been a general move forward in the direction of arousing more active interest among the homœopaths of provincial centres. The preliminary work involved in this, and of course still more the lectures on Homœopathy delivered in these various centres by members of our Council, have constituted in my opinion distinctly valuable propaganda work, the audiences always including a good proportion of non-homœopaths. And, beyond this, there has been aroused in these districts a friendly interest in the central organisation which cannot fail to make for the strengthening of Homœopathy in this country as a whole.

I am glad to be able to record so many new subscribers obtained during the past year, largely as the result of special personal efforts made amongst the homœopathic public—chiefly in London. The success of this new departure has convinced me that a great deal more might be done in this direction; that there is, in fact, a large body of potential support which has hitherto been left practically unapproached. A hundred new subscribers (or thereabouts) is encouraging as far as it goes, but (and I am sure you will agree) I feel that we ought to have an increase at least five or six times as great as this. We *must* have a bigger membership. It is not only an assurance of bigger income; it is, besides that, the measure of our influence and effectiveness for promoting the well-being and extension of Homœopathy. If British homœopaths will not individually support the central organisation (*i.e.*, this Association) it is only a matter of time before the various local homœopathic institutions, lacking the strength than can come only from union and solidarity, die out one by one, and Homœopathy, having already done an immense work in improving the methods of allopathy will fail of its opportunity to do yet more and more in the medical world; whereas, assured of an influential position and a steadily increasing support, Homœopathy will be able to utilise to the fullest extent all fresh discoveries in science and surgery, interpreting them

in the light of the law of Hahnemann. I hope that at next year's Annual Meeting I shall have the satisfaction of reporting to you a really substantial increase in our numbers.

With hearty good wishes for an enthusiastic and in every way successful meeting,

I am, yours very truly,

(Signed) W. LEE MATHEWS."

The Minutes of the General Meeting held on Wednesday, April 30th, 1913, were read, adopted and signed.

The General Report of the Association was taken as read, and the Auditor's Report on the financial position was read by Mr. Howard.

In moving the adoption of the Report, the Chairman referred to the letter from Mr. Lee Mathews which he had just read, and observed that he himself had been much impressed, in reading the Report, by the excellent record shown, and surprised by the amount of work which had been accomplished with so little expenditure. He said that this showed how much voluntary work was given to the concerns of the Association by the profession. He had been interested to see what a variety of activities there were in connection with the British Homœopathic Association, and glad to observe that so many of these activities were designed with a view to educating the laity. This must be our work for the moment; we must show them that the old school of medicine was gradually being superseded, and that the very old school of Homœopathy must come to the front. If we could succeed in this, so far as the laity were concerned, the future of Homœopathy was assured. So far as medical men were concerned, if it could be shown that they could be sure of gaining a living by the adoption of Homœopathy, he did not think we should be long without sufficient doctors coming forward.

He referred to the education courses on Homœopathy and said it was a very gratifying thing that so many allopathic doctors had attended the lectures. Unless these doctors were hide-bound by prejudice, he thought

they must have learned something which would, at any rate lead them to think. Passing to the popular Lectures given at Chalmers House by Dr. Wheeler, he observed that here too had been many non-homeopaths amongst the audience. He felt that they constituted a most valuable piece of propaganda (applause).

Next he paid a warm tribute to "The HOMEOPATHIC WORLD," and took the opportunity of suggesting that a more detailed index to the annual volume would be a very useful improvement.

Sir George then remarked that we should all be glad of the opportunity of congratulating Dr. Roberson Day on having successfully started his Children's Dispensary.

Another pleasing feature of the Report was the record of the provincial visits. He thought the addition of subscribers in this connection a very gratifying result of what had evidently been vigorous and persistent endeavour.

Perhaps the most important work (and certainly the most interesting to medical men) was that in connection with the Beit Fund—the *Baptisia* experiments by Dr. Wheeler, and the abstruse researches of Dr. Judd Lewis.

Turning to finance, Sir George said that we must have more money in order to do more work. But even as it was we had some very kind friends, and amongst them especially prominent was the Earl of Dysart, who had promised in 1906, that for every £5,000 invested by the Association, within a given period, he would add £250. We had more than £10,000 invested, and accordingly Lord Dysart had paid £500 and we recorded on this occasion our gratitude for this latest evidence of the Earl's interest in the Association.

Another member of the House of Peers, Lord Donoughmore (one of the Association's Vice-Presidents), had desired to resign from the Council as he was never able to attend its meetings, and, under these circumstances, had scruples as to remaining nominally a member of that body. He had been begged to re-consider his decision, but preferred to resign.

But, said the Chairman, the point he wished most to make was that we must aim to get a more certain income. He referred to what Mr. Lee Mathews had said in this connection, and observed that the Secretary had estimated the Association's needs at about the same figure of increase. He most cordially endorsed this view, and quoted Dr. Burford's reference last year to the German *Hahnemannia* with its (then) 12,000 members at a mark apiece. We wanted 12,000 subscribers at 1s. apiece. There was also the matter of an Invested Capital Maintenance Fund, but in his view this was not so important as a greatly increased subscription list, though of course if our wealthy friends were pleased to give us substantial donations we should very gladly put them to this fund. He never liked to say much about legacies, but he did feel that when people were making their wills, they might remember the British Homœopathic Association, and be sure that in making bequests to this body their money would be well spent.

In conclusion, he said the Report showed throughout that very valuable spade work had been done and this must tell. There was discontent in the old school, and we wanted to be able to show that they *could* look for truth in medicine. We wanted to be a great central depot for the distribution of funds throughout the country. Alluding to the Secretary's experiences with some of the homœopathic laity, he observed that if there *were* any homœopaths who considered that Homœopathy was "played out" and had "done its work" the sooner the possessors of such flabby sentiments left the ranks of Homœopathy and took a back seat the better—Homœopathy was simply the only scientific application of drugs (applause). In full confidence that the work of the Association was being carried on in the best possible way and would be continued with the same sound policy and executive efficiency, he moved that this Report be received and adopted.

Mr. Morton, in seconding the adoption, expressed his agreement with the very interesting observations made by the chairman. He said that there were two

points which he should like especially emphasized; one was that great stress had been laid by the Executive Council on the desirability of active propaganda work in the provinces in various towns. Incidentally of course the Association looked to gain some little advantage by any subscriptions which might accrue from such work, but we must bear in mind that the money of the Association was being rightly expended in these efforts; we were all the time aiding in the spread of Homœopathy.

The other point concerned the Capital Maintenance Fund, and here he rather differed from Sir George in holding that it was a matter of great importance; for if we had an invested capital, the yield from which covered our administrative expenses, it would at once allow us to apply all subscriptions and donations to the purpose of aids or scholarships or lectureships, and in that way the Association would be in a position to undertake wider and more effective work. He quite realised that it was a serious matter, that it was in fact very difficult to get people to give large sums to an Association of this kind, because it did not appeal to people in the same way as a hospital, but we could try; and then there was the possibility of legacies. The sum we had thought to work towards for this Maintenance Fund was £12,000.

The Report was then put to the vote and its adoption carried unanimously.

Dr. Roberson Day spoke next, making a brief report on the work of the Children's Dispensary at Shepherd's Bush. He said the Institution had now been running for thirteen weeks, had treated seventy-five patients and had dealt with 215 attendances. There was an energetic staff in attendance, and an increased number of patients were availing themselves of the opportunities offered. It was already satisfactorily proved that the situation had been well chosen, Shepherd's Bush being easily accessible by various means of transit, and a locality densely populated and having no lack of the young people for whom the Dispensary existed. They had had very great encouragement in the enthusiasm of the Committee and Staff and

indeed of all those who had attached themselves to the work. They had been fortunate also in the choice of the Sister in Charge, who had been formerly Out-Patient Sister at the London Homœopathic Hospital. He would like to quote one remark of the Chairman's: "We must attend to the education of the laity." He thought strongly that was the special work that we should undertake, and he held that there was no better way of doing so than by our hospitals and dispensaries. The London Homœopathic Hospital had had many years of successful work, had attracted a large number of enthusiastic supporters and had been a means of educating the laity. Now we had another institution; which in years to come would be only second to the London Homœopathic Hospital. He spoke of the keenness of the patients, in particular of one bearing the appropriate name of Mrs. Carey who had brought not only her own chickens for treatment, but as many of her neighbours' as she could collect. Dr. Roberson Day said he could not conclude this brief account without an appeal to the Association for help. In the opening page of the British Homœopathic Association Report there appeared, as one of the objects of the Association, "The Formation of a Central Fund to act as an encouragement and aid to Local Bodies in the maintenance of Homœopathic Institutions by making grants of money in suitable cases." He submitted that the Dispensary was 'an eminently "suitable" case.

The Chairman observed that it had been through no lack of sympathy that the Association had not as yet made any grant to the funds of the Dispensary, but perhaps rather with an idea of waiting to see whether it was well started. He thought that in this current year any appeal by Dr. Day would be favourably considered.

Dr. Roberson Day then announced that a patient had presented him with a very valuable thing—a medicine case of the late Dr. Garth Wilkinson—asking if it would be of any use to him. Immediately he had thought of the Association. He considered that the time had come when this body might establish a

museum. Precious objects, remaining in private hands were apt to get lost, and in illustration of this he cited the case of Dr. Dudgeon, the inventor of the sphygmograph, saying how immensely interesting it would be if we had that instrument which he had invented, but which now, he supposed, had gone past recovery. Then there were the Hahnemann relics which were heard of from time to time; Dr. Süss Hahnemann had, he believed, several of these in his possession. He thought that by applying to various private individuals for such objects we should easily get together the nucleus of a museum for the preservation of objects of special interest in connection with Homœopathy.

The Chairman on behalf of the Association warmly thanked Dr. Roberson Day and accepted the medicine case.

Mr. Morton proposed the re-election of the President, referring to the valuable help which he had always given to the Association in past years and the great aid which he continued to be in our work.

Mr. Caird seconded, and the re-election was carried unanimously.

The Chairman expressed his very grateful thanks.

Dr. Wheeler proposed the re-election of the Vice-Presidents and Honorary Vice-Presidents of the Association, referring to the loss which we had sustained by the death of Dr. J. H. McClelland, of Pittsburg, a loss peculiarly real to homœopaths in this country from the fact that he had taken a prominent part in the last International Homœopathic Congress in this country. He would like to suggest that we elect in his stead Dr. Brasol of St. Petersburg, who had testified his interest in our work on more than one occasion, and had more over made generous donations to our funds. He thought this would be to some extent a fitting return.

Dr. Hoyle seconded, and, in associating himself with what Dr. Wheeler had said of Dr. Brasol, he mentioned that two Russian doctors, friends of Dr. Brasol, have been studying Homœopathy in various countries, and one of them, Dr. Serkoff, had at his

suggestion visited the headquarters of the Association to consult the library. He suggested that one of the rooms at Chalmers House should be always available for international visitors of this kind, in order that the Association might be to the full extent a central rendezvous for study and enquiry.

Dr. Cronin proposed the re-election of the Council with the omission of the name of Lord Donoughmore (resigned), and the substitution of the name of Dr. Hobart Barlee for that of Dr. George Clifton (resigned). Referring to Dr. Burford's remarks at last year's Annual Meeting, as to Hahnemannia and its large membership, he suggested that we should form a body of Associates who should pay 2s. 6d. annually, which, he thought, represented to English people about what is was to a German. He believed that in this way we should easily and rapidly increase the body of subscribers.

Mr. Pryer, of Bournemouth, seconded.

Mr. Morton proposed the re-election of the Auditors, mentioning with appreciation the careful and helpful manner in which they had discharged their duties.

Mrs. Stephenson, in seconding, associated herself with what Mr. Morton had said, and wished to tender them the cordial thanks of the Association.

Mr. Howard, on behalf of the firm, responded with thanks.

Dr. Burford, in proposing a vote of thanks to the Chairman, said that it was always a pleasure to see Sir George amongst us, not least for the admirable way in which he dissected the Report, detail by detail, for our understanding. He desired particularly to associate himself with the Chairman's congratulations to Dr. Roberson Day on the success of the starting of his Children's Dispensary.

He would like to recall in a few words the circumstances of that promise of Lord Dysart's to which the Chairman had referred, reminding him that it was on that historic occasion at the banquet presided over by Sir George himself when friends of Homœopathy met in 1906 to consider plans for the furtherance of the cause.

With reference to Lord Donoughmore, he wished to

say that a good deal was done by him in a quiet way for Homœopathy. At the present time he had undertaken to do what he could on behalf of our confrères in India, who were threatened with difficulties ahead. He was indeed doing for Homœopathy to-day much what Lord Ebury had in 1888. As to Hahnemannia, their numbers as reported for 1913 were 12,000, but they were many more now, and in regard to their funds they were in some difficulty to know what to do with them, since they were too much for a small thing and not quite large enough for a big one; but at this moment there were met at Stuttgart representatives of all homœopathic bodies in Germany to consider in conference how they might best co-ordinate their efforts on behalf of Homœopathy. Why should not something of the same sort take place in this country? Why should not all homœopathic institutions throughout the country meet under the auspices of this Association as a federating centre and discuss the best means of utilising the individual efforts of British homœopaths? Regarding the establishment of an Invested Fund for the Association, it was emphatically one of our needs and moreover, a thoroughly practical proposal. It was no chimera. In past years, when he had the honour of being more closely associated with the direction of the Association's affairs, there had been something like £6,000 in the bank and an income of £2,000 a year. Why not again?

In conclusion, he wished to emphasize his view that the future of Homœopathy lay chiefly with the laity, and of this he gave an illustration, mentioning that homœopathic friends of his had a son desirous of entering the medical profession, and, before providing the facilities for his training, they had got from him a promise that at the end of the ordinary medical course he would devote a short time to the careful study of Homœopathy. That was all they stipulated; that he should give reasonable attention to Homœopathy before he settled down into harness. From such ways as this much might be done.

Mr. Knox Shaw seconded the vote of thanks, and wished to associate himself with much of Dr. Burford's

speech. In regard to Dr. Hoyle's remarks, he wished to point out that while he knew and realised the original intention had been that a room should be always available at Chalmers House for our members and friends, yet—money being the root of all evil (Dr. Cronin : "The want of it")—the Association had been obliged by financial necessities to make what income they could from the letting of most of the premises here. If we had better support we should be delighted at all times to welcome students and enquirers to a room always ready for them, and, in the meantime, he might say that such room was at the present time untenanted and fully available. He hoped we might be able to keep it so.

He was greatly interested to hear the views of our President and Chairman as to provincial meetings, and he would like to warn him in good time that the Executive Committee were contemplating a raid upon St. Leonards, where they proposed to have a meeting before very long, and he hoped this might be done under the kind auspices of Sir George and Lady Truscott.

The vote was carried by acclamation.

The Chairman, in replying said he had always found the most serious and important things at a meeting were those which did not appear on the agenda, but in this instance the points raised were easy to deal with. He thanked them cordially for the warm manner in which they had passed the vote of thanks to him, and assured them that in reference to the contemplated raid upon St. Leonards, Lady Truscott and himself would not attempt to hold the fort, but would capitulate at once, glad to afford all the co-operation in their power towards the success of a British Homœopathic Association meeting there.

Allium cepa.—Coryza better in open air, but worse towards evening. Profuse acrid discharge, corroding nose and upper lip. Bad effects from getting wet. Very often useful in spring coryza, after damp north-easterly winds.

BRITISH HOMOEOPATHIC ASSOCIATION
(INCORPORATED).

RECEIPTS FROM APRIL 16TH TO MAY 15TH,
1914.

GENERAL FUND.

Subscriptions.

	£	s.	d.
Miss Green ..	..	10	6
E. L. Vinden, Esq. ..	..	1	1 0
Mrs. Melville Wills ..	..	2	2 0
Dr. E. Petrie Hoyle ..	..	1	1 0
Mrs. Worsell ..	..	1	1 0
Dr. Neatby ..	..	2	2 0
Mrs. Henry Wood ..	..	1	1 0
H. Crewdson Howard, Esq. ..	..	1	1 0
Sir J. Cameron Lamb, C.B. ..	..	1	1 0
Dr. Byres Moir ..	..	1	1 0
Miss Fanning ..	..	2	2 0
James Eadie, Esq., F.R.C.S. ..	..	1	1 0
Dr. Goldsborough ..	..	1	1 0
Dr. Pullar ..	..	1	1 0
Mrs. Cundy ..	..	1	1 0
Dr. Roche ..	..	1	1 0
Dr. Ord ..	..	1	1 0
Mrs. Clifton Brown ..	..	2	2 0
Mrs. Bayes ..	..	5	0
Miss Goulding ..	..	1	1 0
R. H. Caird, Esq., J.P. ..	..	1	1 0
Mrs. Cargill ..	..	1	1 0
W. Nicholson, Esq. ..	..	1	1 0
Mrs. Laurie ..	..	1	1 0
Mrs. Park ..	..	5	0

Donations.

Miss Dowland ..	..	2	6
J. Carlton Stitt, Esq. ..	..	1	1 0

THE NATIONAL HOMOEOPATHIC FUND.

John Smith, Esq. ..	..	1	1 0
Dudley D'A. Wright, Esq., F.R.C.S. ..	..	2	2 0
Mrs. Rossiter Hoyle ..	..	1	1 0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, May 19th.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE eight meeting of the Session was held on May 7th, the President, Dr. Green, being in the chair. Dr. Iredell was elected a member and Dr. Banerjee an associate member. Specimens were shown by Dr. Ibbotson, Dr. Burford, Mr. Dudley Wright and Mr. Chisholm Williams. Dr. Ramsbotham-Pantcheva, read a paper on her Balkan War experiences which we hope soon to publish, and Dr. Edith Neild, Dr. Burford, and Dr. E. A. Neatby read papers on gynæcological subjects. The evening was a full and profitable one and the discussion showed the interest of members in the papers. The Dinner Club met as usual after the meeting.

REVIEW.

THE HOMŒOPATHIC VADE MECUM OF MODERN MEDICINE AND SURGERY.*

WE are often asked by patients to recommend them a book to instruct them in the domestic practice of Homœopathy. The same request is always made by those going to foreign countries and colonies and especially by those about to be employed in the Mission field. We have usually recommended Ruddock's *Vade Mecum*, but of late years we have done so with a certain amount of hesitation, knowing that several years have passed since its last revision, and conscious of the many advances made in medicine since then. "Ruddock" brought up to date has long been a felt want. This desideratum has now been supplied by Dr. C. E. Wheeler, who has undertaken the revision of the medical portion of the work, and by Mr. J. Eadie, who has done the same for the surgical part. Their

* *The Homœopathic Vade Mecum of Modern Medicine and Surgery.* By E. Harris Ruddock, M.D. New edition. Entirely revised and largely rewritten with the addition of chapters on the Meaning of Homœopathy, on, Serum Vaccines and Immunity, and on Tropical Diseases, by C. E. Wheeler, M.D., B.S., B.Sc., and J. Eadie, F.R.C.S London : The Homœopathic Publishing Company, 1914.

joint labours have given us a book which we need not be ashamed to recommend to any layman for his guidance in the use of homœopathic medicines.

The last edition of the *Vade Mecum* was published in 1899, when the work had already reached its one hundred and fifth thousand. What the sale has been doing the last fifteen years we do not know, but it is certain that its popularity has been maintained, and we shall expect the issue of the present revised edition to give it a still greater impetus.

The general arrangement of the book has been left unaltered, and indeed Dr. Ruddock's own words, as given in former editions, are not departed from except where it has been necessary to correct an obsolete view or to supplement with new matter. This is especially so in Part IV. devoted to *Materia Medica*, in which it has been found necessary to make extremely little change—a tribute to the solid foundations of Homœopathy and to the accuracy of their drug provings.

In Part III. which treats of Medical and Surgical Diseases, and their Homœopathic and General Treatment, the additions and alterations are naturally more numerous. Sections treating of new diseases have been added, for instance, the following diseases now for the first time find a place, viz., osteo-arthritis, exophthalmic goitre, myxoedema, pernicious anaemia, cerebro-spinal meningitis, adenoids, dilatation of the stomach, appendicitis, enlargement of the prostate, malignant pustule and several skin diseases. Then a whole section on Tropical Diseases has been added which will be of the greatest assistance to those going abroad.

A very important new chapter is that on "Homœopathy and its Practice," which shortly and clearly explains the history and general principles of Homœopathy, thus giving the reader an intelligent idea of its *raison d'être* and prepares him for an appreciation of the confirmation of the truth of the homœopathic law to be found in another additional chapter, that on Immunity, Vaccines and Sera (Chapter XV.).

We find very little to criticise. A domestic manual must needs omit much that a medical student would

require. We do not think the authors have committed the fault of giving more information than is necessary, and they have been clear and decided in their instructions. We notice that they recommend but one attenuation of each medicine, and this usually a low one. We think this is wise. It would be a mistake to confuse a layman with our multiplicity of dilutions and our differences of opinion as to their value, and besides, he will in many instances wish to provide himself with a stock of drugs, and more than one dilution of each medicine would necessitate a very unwieldy medicine chest. The thanks of the homœopathic public are due to Dr. Wheeler and Dr. Eadie for the trouble they have taken in revising this well-known and popular manual.

CORRESPONDENCE.

[To THE EDITOR OF "THE HOMœOPATHIC WORLD."]

Sir,—As a regular reader of the "WORLD" I hope you will permit me to enter a mild protest in connection with a curious misapprehension on the part of one of your contributors in this May issue, the writer of the serial article entitled "The Medical Aspect of a Medico-Social Problem," and to offer in connection with the phenomenon he seems to deplore (the prevalence of small families) a suggestion which I venture to think comes nearer the truth.

In the investigation of medico-social problems it is particularly desirable that scientific methods should be adopted: we should make sure of our assumptions before we proceed to draw dogmatic inferences from them. Now, one of Dr. Neatby's assumptions, so far from being an assumed fact, is at least a highly questionable statement. He says: "Advancing civilization means increase of luxury, the demand for more leisure and pleasure-seeking, and, as a corollary, a lessening altruism and in particular a lessening of maternal instincts and maternal self-sacrifice. The world movement in favour of the enfranchisement, if I may

so call it, of women, not only in a political sense, but in business, educational, scientific, gymnastic and other relations has the same tendency. The desire to approximate to the status of men in habits, modes of thought and action, the acceptance of responsibilities to which they have been unaccustomed until recent years, leads to the lessening of the features of feminism, including the maternal instinct." I am not quite sure what meaning he attaches in this passage to the word "status." If he means "rank" or "standing," that is a matter quite unconnected with "habits, modes of thought and action," and relating solely to the estimation in which men or women are held—an objective matter so far as they are concerned; and the desire on the part of women for status equal to men's—for recognition as of equal account with men—is compatible with the most complete development of the maternal instinct and unfathomable pride in the solely feminine capacity for maternity. If, on the other hand, by "status" he means "condition" (a subjective matter) I submit that his statement betrays a complete misconception of the whole movement. The modern trend towards the enfranchisement of women (taking the word in its wide sense), the stirring in women all the world over towards emancipation—not merely, or even mainly, in matters political, but also in the sphere of education and life-work—is a movement towards the more complete development of faculties which are *human* and in no sense distinctively masculine.

The curious assumption that things of the mind and spirit—faculties common to the *genus homo* irrespective of sexual functions and emotions—are the exclusive province of the human *male*, and the natural collorary (tacitly assumed by your contributor and less tacitly by men of Sir Almroth Wright's stamp) that women are a sort of sub-human species, whose sole part in the cosmic scheme is a nine-tenths share in the reproduction of the human race, are responsible perhaps for the stupefaction and resentment often exhibited at the idea that women can have any rights of a broadly human kind at all, and responsible certainly, by the

inevitable law of re-actions, for excessive developments in the direction of superficial masculinity on the part of some representatives of the emancipation movement ; but it is distressing to encounter such assumptions in a quasi-scientific treatise.

As to a diminished " sex sense," the normal woman of to-day (whatever her predecessors of the Victorian era may have been) is not sex-ridden after the manner of that singularly unpleasant type presented to us by Sir Almroth Wright as the normal man, who finds himself unable to engage in ordinary intellectual work beside a woman without perturbation of his sex sense ; but if Dr. Neatby had the faintest comprehension of the enormous pride felt by these women of the larger view in the mere fact of their sex, the knowledge that they are the guardians, the very life-givers of the race, I think his sense of humour would deter him from bringing against them a charge so grotesque as that they " desire to approximate to the condition of men " !

Regarding the fact of smaller families in so far as it is attributed by Dr. Neatby to " a lessening of maternal instincts and maternal self-sacrifice," is it not possible that women are realising that by accepting the position of a *mere* race-multiplier they were " sacrificing " something more than themselves ? The child after birth has need of the mother's care for more than the few sickly months which alone were available for it under the system of the monstrous families of the Victorian era, and the children of the smaller families may well exhibit a gain in quality which more than balances a decrease in quantity ; while in the years of adolescence they have the companionship of their mother as they never could and never did under the devastating demands of the annual baby.

Dr. Neatby recognises that the economic question has something to say to the modern prevalence of small families, but does he quite realise how heavily that question bears upon " the minor ailments and the physical discomforts and limitations imposed upon the expectant mother—limitations and disabilities which (says he) the spirit of the age leads women to resent and evade." Perhaps he has in mind the leisured

women upon whom ailments and discomforts impose no further limitation than that they should gracefully submit to partial and temporary invalidism, tended and eased in every way which comfortable incomes can secure. But there is a vast world of women who have perforce to live by the Homeric rule *οὐ σχολὴ κάμνειν*, who must still be up and doing so long as they can anyhow keep at their work, and to them the physical disabilities of pregnancy sometimes loom very large indeed. To "evade and resent" the exactions of maternity in favour of a hunting season or a round of bridge parties may be the practice of the few ; but with the great majority the case is far otherwise, and, until there is an adequate national endowment of motherhood, it is futile—nay, it is unjustifiable—to gird at women for refusing the double strain of pregnancy and unremitting toil, a strain which in most cases is beyond their strength, and in the interests of race fitness ought not to be required of them.

I am, Sir, yours truly,
GENUS HOMO.

SODIUM BUTYRATE.—The possibility that *diacetic acid* and *beta-hydroxybutyric acid* might arouse a symptom complex similar to that found in coma led Ehrmann to test out these substances on dogs, cats and rabbits, the last mentioned being the most satisfactory animals. The administration per os of *sodium butyrate*, *beta-hydroxybutyric acid* and *butyric acid* regularly aroused a syndrome like that seen in human coma. Fatty acids had a similar property, while the racemic *hydroxybutyric acid* was the least toxic. 3.2-3.6 g. of *sodium butyric* per kg. dissolved in 50 c.c. water regularly produced coma, sometimes leading to death.—*Medical Century*.

ORGANIC PHOSPHORUS AND COLD.—Professor Dastre likewise communicates a paper of Messrs. Meillère and Scheffer on the way in which phosphorus is present in most of the tissues of the organism in combination with the fatty liquids. This lipoidic phosphorus seems to play an important role in the struggle against cold. In the case of rabbits, cooled to 30 degrees, no shivering is to be remarked. In the rabbit it is the liver, in which the lipoidic phosphorus is accumulated, that does everything for the necessary internal combustion. Everything takes place as if the blood gave up to the tissues the fatty lipoids that it draws from the liver or from the rest of the economy. Thus the organism can in certain circumstances suffice itself.—*Medical World*.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bardswell** (Noel D.). Preliminary Report on the Treatment of Pulmonary Tuberculosis with Tuberculin. (King Edward VII. Sanatorium, Midhurst). 8vo, pp. 164. (H. K. Lewis. Net 6s.).
- Carr** (Mme. M. A. Carlisle). Keep Breathing: How to do it, and why. A textbook and guide to right breathing for speech, singing, and every purpose in life. Cr. 8vo, pp. x.—54. (Stock. Net 2s.)
- Citron** (J.). Immunity: Methods of Diagnosis and Therapy and their practical application. 2nd ed. 8vo. (Churchill. Net 14s.)
- Elderton** (W. Palin) and **Fippard** (R. C.). The Construction of Mortality and Sickness Tables. A Primer. Cr. 8vo, pp. 128. (Black. Net 2s. 6d.)
- Forrest** (James). Eye, Nose, Throat, and Ear. A manual for students and practitioners, 8vo. (H. Kimpton. Net 10s. 6d.)
- Hewlett** (R. Tanner). A Manual of Bacteriology, Clinical and Applied, 5th ed. 8vo, pp. 680. (Churchill. Net 10s. 6d.)
- Hirschel** (Georg). Text-book of Local Anaesthesia for Students and Practitioners. Imp. 8vo, pp. 194. (Bale. Net 8s. 6d.)
- Kellicott** (Wm. E.). A Text-book of General Embryology. 8vo, pp. 382. (Constable. Net 10s. 6d.)
- Kennelly** (A. E.). Chart Atlas of Complex Hyperbolic and Circular functions. (H. Milford. Net 17s.)
- Kennelly** (A. E.). Tables of Complex Hyperbolic and Circular Functions. 8vo, pp. 218. (H. Milford. Net 12. 6d.)
- Lusk** (Graham). The Fundamental Basis of Nutrition. Cr. 8vo, pp. 68. (H. Milford. Net 3s. 6d.)
- Ruddock** (E. Harris). The Homœopathic Vade Mecum of Modern Medicine and Surgery. With Clinical Directory. Chapters on Poison and Health Resorts. New ed. Entirely revised and largely re-written, with the addition of chapters on the meaning of Homœopathy, on Serum, Vaccines and Immunity, and on Tropical Diseases. By C. E. Wheeler and J. Eadie. Cr. 8vo, pp. 1062 (Homœo. Pub. Co. Net 6s.)
- Science and Practice of Dental Surgery** (The). Edited by Norman G. Bennett. (Oxford Medical Publications). Royal 8vo. (H. Frowde. Net 42s.)
- Taylor** (Frederick). The Practice of Medicine. 10th ed. 8vo, pp. 1,208. (Churchill. Net 18s.)

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Day, London—Dr. Tyler, London—Dr. Stonham, London—Dr. P. Hoyle, London—Mr. G. Raye, Assam—Dr. Chaney, U.S.A.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Frän Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.—Journal of Soc. for Prevention and Cure of Cancer.—The Science of Cure: Freeman.

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BRITISH HOMEOPATHIC ASSOCIATION (INCORPORATED):

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THE
HOMŒOPATHIC WORLD.

JULY 1, 1914.

A NEW HOMŒOPATHIC HOSPITAL.

THE opening of a homœopathic hospital marks a very definite stage in the progress of our cause. Last May saw the establishment of the first homœopathic hospital in Scotland, when the Houldsworth Homœopathic Hospital in Glasgow opened its doors. It owes its existence to the energy and devotion of Dr. Gibson Miller, and to the generosity of the Houldsworth family. There have been dispensaries, and flourishing ones, in Glasgow for years, and for years the homœopathists have dreamed of the hospital that should be. Now the dream is realized and we learn again that faith and hope, backed by zeal and persistence, can win their reward. The hospital was formally opened on May 28th by Mrs. Rottenburg, wife of the President, in the presence of a good gathering of friends and supporters. The building has been previously used as a nursing home, and was therefore readily adapted to the purpose of a hospital. It is admirably equipped, and possesses (though small as yet) beds enough to enable the enthusiasm and skill of the staff, under the guidance of their chief, Dr. Gibson Miller, to demonstrate the value of homœopathy to all who care to enquire. The relations of our colleagues with the orthodox of Glasgow are cordial. Dr. Miller has the inestimable gift of arousing interest, and thanks largely to this and to his persuasive teaching method,

there is in Glasgow a real disposition to test before condemning Homœopathy, which has been often lacking elsewhere. The consulting surgeon at the hospital is a prominent surgeon also at the Glasgow Infirmary, and not only takes a post on the heretical staff, but boldly avows that he is willing to do so. The interest of Glasgow in Homœopathy was further displayed after the opening ceremony, when in the evening of May 28th, Dr. C. E. Wheeler, as delegate of the British Homœopathic Association, lectured on Homœopathy to one of the largest audiences ever collected in any town for such a purpose. The listeners were not only numerous but interested and attentive, and they included several orthodox practitioners. The proceedings from first to last were marked by an enthusiasm and real interest that augur well for the future.

The generosity of the Houldsworth family starts the hospital clear of any debt. Its maintenance will have to depend upon general support, but all the evidence points to the probability that the work of the Treasurer will be well rewarded. Indeed, we confidently look forward to the growth of the hospital as the years pass till it becomes a centre to spread a knowledge of Homœopathy through the North, and find echoes in daughter dispensaries and even hospitals in many places. All our readers, we know, cry to Glasgow, "God speed!"

NEWS AND NOTES.

CHOLESTERIN.

THE importance of this substance in the body economy becomes more realized every year. A very interesting article in the *Medical Press* for May, upon cell-permeability, sums up the function of *Cholesterin* thus :—“*Cholesterin* appears to us to function as the janitor of the cell, opening and closing it by a mechanism which, perhaps, it may always remain impossible to define with precision, but which may be conceived to function in this way. In the normal physiological state, the external layer of protoplasm—or, if you will, the protoplasmic membrane—contains, in a supporting albuminoid stratum, certain proportions of cholesterin, lecithin, and fatty matters, so graded as to make it impermeable to salts, to sugars, and to acid amines—in a word, to the substances which are necessary to its nutrition; while it is permeable to substances naturally foreign to the organism, such as hypnotics. Now, let this composition come to vary under certain influences, and let the external layer of protoplasm become impoverished in cholesterin: the interior of the cell then becomes accessible to the materials necessary to its life, and the anomalies of cellular permeability may also be thus explained in a satisfactory manner.

TUBERCULOSIS TREATMENT.

AN article in the N.A.J.H. by Dr. McDuffie on this subject, gives summaries of the results in series of desperate cases of a variety of forms of treatment. We cannot but think from the nature of some of them and the dosage of all, that they are carried out by non-homœopathic physicians, but if this is so the conclusions are the more interesting. They are in brief that garlic (*Allium Sat.*) has a specific effect on the tubercle bacillus wherever found, that the best drug for rendering the tissues unfavourable to growth of tubercle bacillus is *Phosphorus*, and that *Arsenic*, *Vanadium*, *Iodides*, etc., act chiefly as eliminators of toxic products.

DRUGS AND PHAGOCYTOSIS: HINTS FROM THE ORTHODOX.

WE take this from *The Prescriber* :—

Notwithstanding the present vogue of vaccines, it is generally admitted that certain drugs have a stimulant action on phagocytosis. Indeed, numerous observers have spoken highly of a combination of drug and vaccine therapy, claiming that the action of the vaccine in the production of immunity is assisted by the drug. An instance of this is given by J. H. Whelan in the *British Medical Journal* of 16th May, in which this author claims to have obtained from the simultaneous administration of *Strychnine* with tuberculin better results than from tuberculin alone. In an instructive editorial in the *Journal of the American Medical Association* of 4th April, the relation of chemical substances to phagocytosis is gone into at some length. An article by A. Arkin in the *Journal of Infectious Diseases* is quoted, in which it is pointed out that the action of chemical substances on phagocytosis varies with their composition and their pharmacological action. Substances that have an inhibitory effect on oxidation (such as chloroform, morphine, and alcohol) all depress phagocytosis. Drugs such as peroxides, colloidal metals, etc., which stimulate the oxidation process, also stimulate phagocytosis. Caffeine and antipyrine, substances that are indifferent oxidisers, have little effect on the process. Those drugs, again, which combine with the opsonins to form definite compounds—among which may be mentioned strychnine and certain toxic metallic salts—have a marked stimulating action on phagocytosis in the presence of human serum. A new field seems here to be opened up for chemotherapy, and the possibility of combining drug and vaccine treatment on scientific lines in cases of infectious disease should lead to further research, with valuable results to therapeutics generally.

CROTALUS FOR EPILEPSY.

IN our personal experience we have several times found *Lachesis* indicated in cases of epilepsy, and have administered it with great benefit in such cases. We note with much interest, therefore, an American recommendation (Dr. R. H. Spangler) of *Crotalin* (Rattlesnake venom) in doses of $\frac{1}{100}$ to $\frac{1}{50}$ of a grain hypodermically for this disease. It is absurd to think that one remedy will suffice for all cases of epilepsy, and we are sure the dosage is unnecessarily large, but the advice may serve to remind us not to forget the serpent venoms for this disease.

COLLOIDAL SULPHUR.

THE Hahnemannian process of trituration converts insoluble substances into the Colloid state. Of late years much attention has been paid by the orthodox to colloidal substances and the physiological activity of colloidal metals, for instance, has been discovered. Now comes a recommendation of Colloidal *Sulphur* for chronic rheumatism and osteo arthritis. A solution containing 0.2 grams. in 15 grams of water, is given in teaspoonful doses. This is a dosage that is quite small and of the frequent homœopathic relation of *Sulphur* to arthritis no homœopathist needs reminding. Another piece of practical homœopathy is thus being inculcated.

TUBERCULOSIS AND GENIUS.

WE take this from the *Medical Press* :—

The peculiar influence of the *spes phthisica* upon the creative mind has been noted by many observers, and instances of great mental prowess associated with active tuberculosis are well known to biographers. About sixty years ago, Dr. Arthur C. Jacobson, of Brooklyn, New York, published a study of the influence of the toxins of tuberculosis upon temperament and genius. A reference to the lives of Robert Louis Stevenson, Keats, and Chopin shows that "the quality of genius" may, in some cases at least, be affected by tuberculosis. In a recent paper by Dr. Jacobson, in the *Interstate Medical Journal* (Special Tuberculosis Number), the subject is further elaborated. It is pointed out that the natural optimism of certain minds is intensified by reason of the general psychic excitation resulting from the action of tuberculosis by-products. A formidable list of celebrities, ranging from John Milton to the great surgeon Dupuytren, is given to illustrate the general principle enunciated by the author, who does not claim that tuberculosis can make a genius of a man or even create the initial spark. Rather is it suggested that the disease is a quickener of already germinating or flowering faculties of extraordinary potentiality, which, even without its influence, would have marked their possessors as men of remarkable talent or genius. Dr. Jacobson presents an interesting study of a comparatively little-known genius, Francis Thompson—"English poet, and the greatest achievement of Catholicism in the nineteenth century." The story of his career from the days when he was a medical student at Owen's College, through his agonies of beggary and sickness in London, culminating in his recognition as a poet by Browning, and his wonderful ascetic life in Wales, finally succumbing to his malady

in St. John's Wood in 1907, forms most interesting reading. As with other geniuses similarly afflicted, Thompson's greatest productiveness coincided with the most active period of his disease.

B.H.S. GOLF.

In the first round for the Dudgeon Cup the results were as follows :

Thomas journeyed down to Formby and after a close match beat Watson on the seventeenth green.

Pritchard was in great form and easily defeated Greig.

Nankivell got the better of Frank Shaw at Sandy Lodge.

Mason had no difficulty in winning his match with Cronin.

Wheeler disposed of Renton at Tunbridge Wells.

Ramsbotham on his own course had no mercy on Eadie.

Grace defeated Neatby, and after a very exciting match at Rye, Moir snatched a victory from Hare on the eighteenth green.

H.W.T.

THERAPEUTIC VALUE OF BANANAS.—According to v. Noorden ("Med. Klin.", p. 2,020, 1913) the nutritive value of the banana is a higher one than that of almost any other fruit. This is due to its richness in carbohydrates, which in the eatable part is present to about 18-20 per cent., for the most part as a floury substance. The whole nutritive value of the eatable part has been estimated to be on an average 87-82 calories per 100 gram. To be able to make use of the banana in cookery a banana flour with the trade mark "Melban" has been brought on the market by a banana mill in Mannheim. The author has made therapeutic use both of the fresh fruit and this flour, and as a result he recommends its use in the following cases : (1) In diabetes, where it is found that the glycosuria was never worse, generally much better influenced than by the use of equivalent quantities of other fruits or other flours ; he therefore often prescribes banana days instead of oatmeal days. (2) In gouty patients and those with uric acid concretions, as a diet poor in purins ; (3) in diseases of the kidneys as a diet poor in albumen ; (4) in diseases of a dysenteric nature, when fresh fruit is of advantage, and (5) in obesity cures (banana days instead of milk days).

ORIGINAL COMMUNICATIONS.

RECENT EXPERIMENTS IN THE FIELD OF HOMŒOPATHY.*

By CHARLES E. WHEELER, M.D., B.S., B.Sc.Lond.

Assistant Physician to the London Homœopathic Hospital.

HOMŒOPATHY is founded on experiment and supported by continual experiments. These experiments are nearly all clinical, and the clinical test in therapeutics must be the final test. It is of no avail to bring forward laboratory or other evidence unless when the clinical test is applied it confirms the theory on which it is based. Therefore followers of Hahnemann have rightly never ceased to urge that the need is for more and more direct applications of the law of similars to actual cases until out of the multitude of competent experiments a fair conviction can be built up. However, for various reasons any extended experiments have been denied to us. We make converts out of individual experimenters but affect the mass of the profession little, if at all, at any rate directly. Now it is conceivable (though to the mind that has studied history not perhaps very profitable) that to bring forward non-clinical evidence pointing towards Hahnemann's conclusions might influence more men to go on to the clinical and final tests. Whether this result follow or no, it is obviously desirable that such evidence should be forthcoming if possible, and to such ends our rather scanty resources for research should be mainly devoted. To-night I propose to describe a few experiments constituting part of a year's work for the Beit Research Fund of the British Homœopathic Association, supplementing my paper with an account of some recent American work of value. Our American colleagues are rapidly awaking to a realization of the possibilities of research and with their greater facilities have greater opportunities. We shall all profit by their use of them.

* A paper read at the British Homœopathic Society, April 2nd, 1914.

My account to-night is of two quite different investigations ; one concerned with the possible mode of action of the law of similars, the other with the possibility of demonstrating activity in the higher drug potencies. They are grouped together here for the convenience of reporting to the Society, but offer quite distinct fields for discussion. I will begin with the experiments on the mode of action of the law.

As the science of bacteriology has developed it has brought us some knowledge of the phenomena of bodily resistance to bacteria, and we can speak of lysins, opsonins, agglutinins and so forth with some precision, and to some extent measure their effects. These are of the nature of generalized body defences. Homœopathists have believed, on clinical grounds, for many years that remedies chosen on the basis of similarity of symptoms between disease and drug have power to aid recovery and ward off defeat. The clinical evidence is strong. Is there any means of investigating the mode of action of drug assistance ? We can conceive of drugs giving aid in one of two ways. Do they definitely encourage the specific resistance ? Vaccines are designed to this end ; do our drugs act as vaccines do, or do they act not upon the mechanism of general resistance but upon the cells principally affected in the struggle, possibly stimulating them better to endure till such time as the natural mechanism of defence is sufficiently elaborated ? The general methods of hygiene and nursing, and presumably the orthodox "tonics" and symptomatic treatment, aim, I take it, rather at keeping up the health of the unattacked parts of the organism, and are not designed specifically to aid either general or local resistance. But the similimum (if it deserves the name) almost certainly goes to the cells most affected, and there by the biological laws of protoplasm can readily be held to afford a stimulus that may be of value. This aid in all probability we *can* give, and it is much to be able to give it. Can we give more ? Can our drugs increase specific resistance substances as vaccines do ? Resistance substances can to some extent be measured, but the fact that their production is increased in a case

of disease is obviously no tribute to any drug that may be given. It is a natural process, and if the drug *does* aid we cannot disentangle its share in the laboratory. The question is: Can our drugs affect the healthy in the direction of increasing resistance bodies? This matter is more susceptible of experiment, and a certain amount has been done. With the opsonic index for instance (where we may take some little pride that this Society was very early, if not first, in the field) experiments have shown that specific resistance to tubercle is raised by *Phosphorus*, to pneumococcus by *Veratrum viride*, and to *Staphylococcus pyogenes* by *Hepar Sulph.*, and I believe *Echinacea*. But, although, for my own part, I believe that opsonic indices can be found that have a value, many men doubt our ability to determine them with enough accuracy, and therefore another line of research appears desirable. A few months ago, I saw a statement in an American journal that Dr. Mellon, of Ann Arbor, had found that *Baptisia* given to the healthy produced increased agglutinating power of the blood to *Bacillus typhosus*. I suggested to a few colleagues that we might make some experiments, and these were duly undertaken. I had then no knowledge of Dr. Mellon's methods of experiments. I will now quote my report to the Beit Research Committee.

REPORT ON EXPERIMENTS ATTEMPTING TO DEMONSTRATE THE POWER OF THE SIMILLIMUM TO FAVOUR THE FORMATION OF SPECIFIC ANTIBODIES.

A certain amount of evidence has been produced that remedies which are frequently indicated in certain pathological conditions have the power to favour the formation of antibodies specific for those conditions. Thus, phosphorus has been shown by Neatby and Wheeler to increase their opsonic index to tubercle, in America observers have claimed to register a specific increase in the opsonic index to pneumococcus from the use of *Veratrum viride*, to germs of pus (*staphylococcus*) from the use of *Echinacea*, while *Hepar Sulph.* is said in large doses to lower the index to *staphylococcus*, and in small doses to raise it. All thes

experiments of course, have been made on healthy individuals. As, however, observations which claim to measure the opsonic index are regarded by many physicians as of doubtful value, it was thought desirable to enquire whether any evidence could be obtained of influence by drugs upon some other antibody, and learning that Dr. Mellon, U.S.A., had reported an increase in the agglutinating power of blood-serum to *Bacillus typhosus* in persons taking *Baptisia*, it was decided to repeat, and, if possible, extend his experiments.

Four persons took part in these experiments during March and April, three men and one woman. The ages of the men varied from 28 to 45, and the age of the woman was 45. As the susceptibility to enteric becomes much diminished as life proceeds, it was thought that possibly the specific powers of bodily resistance would be found to be more readily stimulated after the age of 40. On the other hand, it is manifestly desirable to test the drug on a healthy person of the age of 20 or thereabouts, but as no one was available of that age that experiment is deferred.

The experimenters took the drug in the various ways detailed below. The estimations of agglutinating power were all made at the Laboratories of Pathology and Public Health in New Cavendish Street, and were made without any previous knowledge of the nature and extent of the drug taking. The expenses of the experiments have been entirely borne by the Beit Research Fund of the British Homœopathic Association to whom our best thanks are due.

EXPERIMENTS.

Baptisia was taken in the mother tincture (at two drops to a dose) : A. in single doses, and blood taken within two hours (in case the effect should be fugitive) ; B. three times in twenty-four hours, and blood taken next day ; C. night and morning for three consecutive days, blood taken on the fourth day.

Experiments A. and B. were negative in result with all four experimenters. Experiment C. showed a definite result in the case of the lady prover and one of the

younger men provers. Both of these showed a definite clumping of *B. typhosus* in a dilution of one in four, but not in any higher dilution. The results were negative in the two other provers.

It was now hoped to get better results by more prolonged taking of the drug, and it was planned for all provers to take *Baptisia* ϕ three times daily for a week. Unfortunately both the two provers who had shown some susceptibility were unable to carry the experiment through.

✓ The lady prover developed symptoms (probably due to overdosing) which prevented her from continuing, and the man prover contracted a catarrh which was held to be a complicating factor. One of the other provers also, though showing no agglutinating increase of power, developed abdominal pains (probably due to the drug) which hampered him in his daily work, so he too, discontinued taking the drug. The fourth prover carried through his experiment, but the result was negative. Subsequently *Baptisia* in the 30th centesimal was taken both in single and in repeated doses by one of the susceptible provers (male) and one of the insusceptible, but no result of any kind was registered. Later, two new provers (both male) were persuaded to take *Baptisia* ϕ for three days, but their blood serum showed no change. All of the provers who took *Baptisia* experienced some drug effects. The lady prover developed sore throat and general pains, besides much mental unrest and discomfort. One male prover, as noted above, developed abdominal pain, of a character severe enough to cause real inconvenience (some diarrhoea), and all the provers experienced a deadening of their mental faculties, a marked disinclination for any exertion (especially mental exertion), a slowness of mental response, a sense of inertia, which bear out other provings of this drug.

One interesting result (apparently) of the drug was shown in three out of the four original provers while taking *Baptisia* ϕ , namely, an increase in the readiness with which the blood coagulated, so that all these three provers had great difficulty in obtaining specimens of blood for testing. The fourth prover was unaffected;

of the three who showed this phenomenon, two were the provers who also showed a slight increase of agglutinating power.

Besides *Baptisia*, three provers (all male) took *Rhus tox.* ♀ for several days, but did not succeed in obtaining any effect that could be demonstrated. One prover, took *Arsenic alb.* 3x. for three days, and later *Arsenicum* 30 for three days (twice daily in each instance), but, failed to affect his blood.

Two other experiments were made (as the opportunity offered itself) with *Aspirin*, because of the recorded success of this remedy in pneumonia. Two male provers took each one dose of 15 gr. of *Aspirin* and the opsonic index of their blood serum to pneumococcus was estimated before the dose, three hours later, and twenty-four hours later. It did not, however, show any marked change. In one case it stood at 1.5 before the dose, in the other at 1.3. The first case showed a drop three hours after the dose to 1.2, and twenty-four hours later the figure was still at that level (1.2). The second case showed a drop in three hours to 1.1, and after twenty-four hours the level of 1.3 was reached again. The differences are interesting, but too small to be of much weight.

Comment on the Experiments.

The result of these experiments may best be described as tantalizing. Had no result of the kind sought for followed there would at least have been a certain finality in the matter. It must always be remembered that it is quite possible for a drug to be of value in a disease condition (as *Baptisia* often is in enteric) in more ways than one. It may stimulate the specific antibody mechanism, and it was for evidence of this action that we were seeking, but it may also act as a local stimulus to the tissues upon which the brunt of the battle is falling, and by aiding them enable them to hold on successfully till the machinery of defence against the bacteria is elaborated. In the latter case the drug might be a real help, but would not increase antibodies specifically. Further, it must be borne in mind that specific agglutinins to *bacillus typhosus* are not present

in normal blood. Therefore the provers were attempting to evoke a dormant process, not, as with opsonin content, accelerate a process already existing. When invasion by the germ has started the specific defence *Baptisia* may be able to accelerate it, and yet not have the power to bring it into activity alone. Perhaps it is fairest to suggest that this last possibility is the most plausible explanation of the experiments, because two provers *did* definitely show the beginnings of a specific response. They only showed it when they had taken so much of the drug that they were unable to go further, and therefore this initial success, the only positive result, remains, as has been said, tantalizing. Possibly at a future date it might be possible to repeat the experiments with these provers. Further, even this small success (confirming Dr. Mellon) makes the need for experiments urgent; for in homœopathic practice nothing is more true than that each case is an individual special case, and generalizations are doomed to disappointment. No homœopathic physician would expect *Baptisia* to have an identical effect on *all* provers, and further experiment might readily happen to hit on persons more susceptible than any hitherto tried. Particularly it is desirable to work with one or two younger provers of 18, 20, or 25 years. If these first experiments lead to others they will have served a useful end.

Did these experiments stand alone they would still, I think, be worth recording. But I can now lay before you a summary of Dr. Mellon's original experiments which are much more definite.

There were two provers: their blood sera were tested three times in one week, before drug taking was begun, to make sure that they had no natural agglutinating power. Serum dilutions 1 in 5, 1 in 8, 1 in 12 were used. These results were satisfactorily all negative. The drug *Baptisia* was taken, 1 dram. 3x t.d.s. for one week, then 1 dram. 2x t.d.s. for a week, then 1x t.d.s. for a week, then 1 dram. ϕ t.d.s. for two weeks. At the end of the first week (3x t.d.s.), there was very slight reaction in both with a dilution of 1 in 8. After the week of 2x t.d.s., 1 prover showed this

reaction with 1 in 8 rather better, the other prover showing nothing, but after five days of the 1x t.d.s. both provers showed agglutination in dilutions 1 in 8, 1 in 10, 1 in 12. After a week of the ϕ both provers carried agglutination up to 1 in 16. Persistence in the drug thereafter showed no increased production of resistance bodies; on the contrary, the agglutination power gradually disappeared. But five days after the cessation of drug taking the power to some extent (1 in 8, 1 in 10) reappeared. Hecktoen of Chicago, in 1910, demonstrated that specific antibody curves sometimes reach their zenith five to ten days after the cessation of the stimulating antigen, a point of great interest in regard to the giving of unit doses.

These experiments are obviously of deep interest and importance to this Society. Comparing Dr. Mellon's result with ours, it is probable that our inferior results were due to a much lower dosage and possible (though no ages are given) Dr. Mellon's provers were younger.

* I am inclined to think that age may be a definite factor in obtaining results. The practical applications of these experiments I will leave to the discussion.

I turn to a class of experiments of a different order. Among all the difficulties which have beset the spread of homœopathy looms prominently an habitual use of infinitesimals. They are not in any way essential to our practice, but assert this fact as often as we may we are nevertheless identified with them, and any non-chemical evidence of the powers of the infinitesimal is a weapon of value for us. Modern physics and biology have done much for us, and the bogey of the potency is less terrifying than it was, but I planned these with a view to produce some evidence in a form capable of ready comprehension and repetition.

Yeast growing in a solution containing glucose splits the glucose into CO₂ and alcohol. This ferment action is proportional to the life activity of the yeast. Now Schulz and other orthodox observers have shown that this activity obeys the laws of protoplasmic reactions to stimuli. Large doses of corrosive sublimate, for instance, added to the solutions destroy the yeast, rather smaller doses impede its activity, but

small, very small doses act as a stimulant and increase its activity. The CO given off in a given time compared with a control identical in all respects save for being unmedicated gives a standard for comparison. Now the orthodox observers were content to show that dilutions of one in 5,000 or 10,000 were stimulating without diluting further. But one in 10,000 is a low potency for the homœopathist, and I determined to look for evidence of activity in higher dilutions. The method adopted (carried out under my supervision by a highly trained chemist, Dr. S. Judd Lewis, and financed by the Beit Research Fund, to whom I make all grateful acknowledgments) was to compare CO₂ production in a given time from two solutions of sugar plus yeast identical, except that one was medicated and the other unmedicated. All external conditions of temperature, &c., were of course identical for both fluids. In an earlier series of experiments the CO₂ was estimated by volume, but Dr. Lewis decided that a measurement by weight would be preferable and more accurate, and that method was adopted. The air was freed from CO₂ before admission to the fermenting fluids and the CO₂ given off absorbed, and at the end of each experiment the last CO₂ was heated out of the test vessels and the gain in weight of the absorbing tubes could then be found readily.

REPORT TO THE BEIT COMMITTEE.

The laws that govern protoplasmic activity in response to stimuli have been formulated by R. Arndt, and express the conclusion (deduced from experiment and observation) that any stimulus (chemical, electrical, &c.) which can in a certain intensity cause death or damage to protoplasm, can cause increased activity of protoplasm when administered in a lesser intensity. This reaction is very important in helping towards an understanding of the law of homœopathy, because in applying that law physicians do administer small doses of drugs (chemical stimuli) to stimulate cell and tissue reactions and choose these drugs by their power (demonstrated on "provers") to damage those

identical cells and tissues. It therefore seemed of interest to take a simple form of life and endeavour to test one of its activities under the influence of drugs in varying dilutions. The main purpose was to discover in how high a dilution any effect of the drug could be traced. The organism selected was the yeast plant, and the method of experiment and detailed reports are in the archives of the B.H.A. But a summary of results may be of value here.

The drugs used were *Arsenicum album*, *Argentum nitricum*, and *Mercurius corrosivus*.

The first experiments were done with *Arsen. alb.* The 3x depressed yeast activity constantly. The 6x also constantly stimulates, and the stimulating effect with higher potencies gradually lessens until with the 12x there is little or no appreciable difference between the solutions containing it and the controls. In other words, a drug effect cannot be demonstrated beyond the 12x. Now, as nearly all homœopathic physicians confidently expect curative results at times from much higher potencies, this failure was disappointing. An explanation of it may lie in the fact that with the yeast we are dealing with healthy cells, and in therapeutics we are treating diseased cells which are known, by clinical experience, to be in a state of unstable equilibrium as compared to healthy cells, and therefore susceptible to smaller stimuli. In the endeavour to elucidate this point further a number of experiments were made with drugged yeast. The yeast cells were treated with sublethal, but poisonous quantities of either *Quinine* or *Perchloride of Mercury*, and then dosed with *Arsenicum* as an antidote to the *Quinine*, and *Argent. nit.* as an antidote to *Mercury*. The results were interesting but require additional experiment. When *Quinine* was used in a strength of one in 3,000 the effect of *Arsenicum* on the drugged cells was directly comparable to its effect on normal cells, but with solutions of *Quinine* of one in 750, and one in 100, the addition of *Arsen.* seems to depress still further. At the 12x this effect disappears, but it reappears again with the 30° C., with *Argentum nitric.*, whether with drugged (*Merc. cor.*) or normal yeast, there was a

marked depressant effect from the 4x, but little stimulation with 6x or 12x, more, however, with drugged yeast than with normal.

Experiments were also tried with yeast growing in glucose only instead of a nutrient medium. This may be regarded as starved yeast, but we could not demonstrate any marked difference in reactions. Yeast that was poisoned and starved as well appeared less susceptible than yeast that had only been poisoned or starved.

These experiments, which it was hoped would result in more definite and final results, have been (we think) of value, but, nevertheless, need to be supplemented and extended. Another biological reaction or two should also be tested, for yeast is in some ways an anomalous organism. The differences in response to the drugs are less marked than we had hoped, though they are so constant in the main that we hold them to be trustworthy for 3x, 4x, 6x, and 12x potencies. It may be said with confidence that the law of Arndt is duly borne out with these potencies. But much more experiment is needed with the high potencies. They more often seem to depress than to stimulate, but the effect is seldom marked enough, compared with the control to enable conclusions to be drawn with confidence, for even from the same strain of yeast one batch of cells will apparently respond better than another to stimuli. By doing always a series of experiments and taking the mean we can largely eliminate this (biological) source of error, but confidence can only come from great multiplication of experiments.

We desire to offer our best thanks to the Beit Fund Committee, whose generous grant has alone made this work possible.

C. E. WHEELER, M.D. B.Sc.
S. JUDD LEWIS, D.Sc., Ph.D.

I wish to supplement this summary, taken from the Report of the Beit Fund, with a few comments. Yeast is rather an anomalous organism, and even when the same strain is used, different batches of cells seem to vary in their reactions. The fermenting power is a normal activity, and in influencing it by drugs, we are, as has already been said, in the position of trying to

affect healthy rather than diseased tissue. We know how seldom a healthy person is susceptible to a potency, and therefore should not marvel that the effects of the drugs in potencies are not very marked. Up to 12x the effects are small but constant, beyond that they are too inconstant to be of value. The attempts to convert healthy yeast into a nearer likeness to diseased tissues were probably too crude to afford aid, at any rate they threw no additional light upon the failure to affect yeast with any constancy with potencies above 12x. Finally let this be said, the drug does not make new fermenting power, it only makes more rapid use of the power that is there already. The drug in any quantity is probably more or less of a hindrance to healthy life. Yeast cells do not multiply more rapidly (rather less rapidly) when even very minute quantities of drugs like *Arsenic* are present. Jousset claims to have shown with *Aspergillus*, a positive retarding effect on growth from potencies of 30 and upwards. Therefore in attempting to influence fermenting activity, as one only of the cell activities, it is quite likely that some drugs would be more effective than others. Possibly, if by chance a drug were used that had a more specific effect on this function it would be possible to demonstrate results from higher potencies. But so far such results have not been obtained with any certainty.

I fear I have done little to-night, but impress you again with the truth of the old saying, that art is long and life is short; but a succession of efforts in short lives may in time lead to a better knowledge of our most difficult art.

"HOW I BECAME A HOMOEOPATH."

BY DR. A. T. CUNNINGHAM,
Assistant Surgeon to the Ear, Throat and Nose
Department of the Homœopathic Hospital.

*Paper read at the Annual General Meeting of the
Highgate Branch of the Ladies' Guild of the Homœo-
pathic Hospital, June 18th, 1914.*

When I was asked, some three months ago, to read a paper at your Annual General Meeting I begged to

be excused ; but afterwards, when I considered how you have endeavoured to keep up the interest in Homœopathy in the district, though there has been no practitioner of the art in the immediate neighbourhood for some years, I thought it my duty to encourage you in your labours by complying with your secretary's request.

I found it very difficult to select a subject not too technical to be interesting, and yet with some bearing on the work of the Guild.

It was suggested to me that I might tell you " how I became a homœopath," and so, with that as an introduction, I am going to tell you briefly how some of the well-known homœopaths of the past were, as it is termed, " converted," and then I want to deal with some of the arguments against us which we as homœopaths have to meet.

I always divide homœopathic patients and doctors into two classes :

1. Those who have been, so to speak, brought up on Homœopathy, that is to say, their parents have been homœopathic patients or their fathers have been homœopathic doctors, and

2. Those who have become converts to it.

The latter class is an interesting one, because when a person changes his belief, it means that in his opinion there is something wrong with it and that he has found in the new something which appeals to him as more correct.

As I have already hinted, I belong to this latter class, and having practised for some time as an allopath, I can fully appreciate the difficulties that appear to stand in the way preventing the acceptance of the homœopathic doctrine.

I have noticed that when an allopath takes to Homœopathy it is generally owing to some quite accidental circumstance. My own "conversion" three years ago was so much accidental that I thought it might interest you to hear of it !

During the previous year I had been carrying on a practice in a suburb of Leeds for a doctor who was ill. During that time I had been growing more and more

dissatisfied with the results of ordinary medicinal treatment and becoming more and more conscious of its limitations, until I came to the conclusion that there were only a very few drugs that were of any value at all.

To some patients I could say that they did not require any medicine and that they would get well if they followed certain directions. Others, of course, had to get medicine whether they required it or not.

To a great extent this was practising something which I did not believe in, and it was becoming uncomfortable for my conscience. So much was this the case that I had quite made up my mind to give up general practice altogether and take up Public Health work.

Before doing this I took a holiday on the West coast of Scotland, sailing as far as Stornoway.

At the beginning of the cruise I succeeded in making the acquaintance of another passenger who was also alone, and after some conversation each discovered that the other was a doctor. We kept together during the cruise, but I noticed that he always kept aloof from discussing medical topics, and some of his opinions on treatment seemed to me to be rather odd, but I paid little further attention till one day one of the passengers was ill and he suggested giving a medicine which I thought could only make him worse!

I now began to look upon my fellow passenger with suspicion. That same night, however, brought our cruise to a sudden end, in so far as the pleasure was concerned. We had just finished a concert and were steaming along at full speed through a drizzling rain, such as is commonly called south of the Tweed a "Scotch Mist," when suddenly there was a crash and a sudden jar, and a scraping sensation was felt under the ship—we had run on to a rock. I need not enter into the details of the next hour during which we were being got off the ship, nor the eight hours we spent huddled together on a very bleak rock. The interesting point to me is that I chanced to slip on the wet deck, which was lying at an angle of about 36° , and so sprained my ankle. But for that and the fact that I was treated with small pills by my mysterious chance

acquaintance, I should not have had the honour of addressing you this afternoon.

I thought it very peculiar treatment for a sprain, but on expressing my thoughts I was told that the patient had no authority to question the treatment and so with that and a bandage to the offending joint I settled down, knowing that under the circumstances I could do no more. I was somewhat surprised when next day I found I could hobble along, and on reaching Greenock I was able to walk fairly comfortably from the boat to the station. Three days after the accident I climbed a hill without the least trouble.

Of course I was curious to know what seemed to be responsible for my rapid recovery, and my mysterious chance acquaintance said it was *Rhus toxicodendron*. I said, "What?" He repeated it and said, "It is a homœopathic remedy. You see I am a homœopath."

That was like a red rag to a bull, and he has since told me the expression on my face at that moment was a perfect study.

My chance acquaintance now began to tell me something about his methods and what he claimed to be able to do, and suggested that if I cared to look into it he would give me all the assistance he could. I parted from him with his address and promised to write him later. I obtained the addresses of some other homœopaths to whom I wrote asking some, as I thought, very pertinent questions. They seemed to meet these with quite satisfactory answers, but still I felt I wanted some opinions from the opposite side.

How to obtain these was my next problem. I quickly realized that an unbiased opinion would be very difficult to obtain, as all the men I knew were in the same state of ignorance as myself regarding the principle, or at least they shared the prejudice that I had had up till then.

I felt certain that if I asked the advice of any of my former teachers they would scorn the idea, yet I felt there must be something in it, for, besides my own case, I remembered two others. While in Leeds I had had a boy with whooping-cough, I gave him the usual sedative mixture with about half-a-dozen remedies,

at the same time frankly telling the mother it would probably have very little effect and that the disease would almost certainly take its course of four to six weeks.

One day I chanced to read in a medical journal an article by a doctor who, on the advice of the writer of a preceding article, had used tincture of *Drosera* for whooping-cough, and was now writing to say he had found it of no value. Next week a letter appeared from the first advocate of the drug saying, that to be of any value it must be given in small doses—not more than a drop at a time. I decided to try the effect of this at next visit, but as I had never heard of the drug before I went up to the chemist and asked him if he knew of a drug called tincture of *Drosera*. He said, "Yes! it is homœopathic."

That was too much for me. I told him there was no drug the peculiar property of homœopaths—a view which I still hold, for after all it is not the drug but the indications on which it is given that constitutes the homœopathicity. At any rate it ended in my telling the chemist to add one drop to each dose of the boy's medicine. I called again in a week and had quite forgotten about this incident. The mother said: "That last medicine did my boy a lot of good. He stopped coughing and being sick almost right away."

I remembered adding the *Drosera* to the prescription, but paid no heed to the altercation I had had with the chemist about its being, as he said, "Homœopathic."

Then in the practice there was a lady who suffered from an eczema round the nails for which my chief had not been able to do any permanent benefit. She consulted one of the local homœopaths, who quickly cured her with *Calcarea Carbonica*. But even these did not move me—it was only when I had had more personal experience that I began to sit up and take notice! I thought to myself, "If there is anything in this Homœopathy I had better decide it now—not twenty years hence, when everybody has decided in favour of it."

I took one medical friend into my confidence and between us we devised the plan that I should simply

disappear for six months, and if after that period of investigation my decision was against Homœopathy, then I would simply reappear and no one would be any the wiser. In this way I hoped to avoid all the "I told you so's" of the men whose advice I would have asked, if by chance I concluded that there was nothing in it.

And so I disappeared to America! After three months I began writing home to my friends, disclosing my hiding-place, and eventually I felt convinced enough to say boldly that I was studying Homœopathy.

So far I have not regretted the step, and I feel certain I never shall.

Now let us consider how some of the well-known homœopaths have adopted Homœopathy.

One naturally thinks first of Hahnemann—the founder of Homœopathy. We are in the habit of looking upon him as the founder of Homœopathy, but that is not strictly speaking correct. Being a natural law it has always existed and may be truly said to be "as old as the hills."

There is also plenty of evidence that its existence was recognised long before Hahnemann's time. When a discovery is made it is usually the case that it is found to have been known to the Chinese, but I know of no direct evidence to support this in the case of Homœopathy, though the Chinese doctors employ as medicine the water in which precious metals have been boiled.

These metals—gold and silver, etc.—are generally regarded as insoluble, so it looks as if the Chinese recognised the effect of even minute quantities of metal.

Hippocrates, who was born in the year 356 B.C., and is generally called the Father of Medicine, knew of the principle. He says, "By similar things disease is produced, and by similar things, administered to the sick, they are healed of their diseases."

It appears to have been known in the East also, for in a poem written in Sanscrit, approximately in the year 56 B.C., this appears: "It has been heard of old time in the world that poison is the remedy for poison."

From the wording the translation seems to indicate

that it was a piece of folk-lore handed down through many generations.

So, if the Chinese did not know of it, it was known in some parts of the East.

There is evidence of the recognition of the principle in the old saying which recommends you to "take a hair of the dog that bit you."

Again, we know that Paracelsus knew of the principle. In fact, he was persecuted because he denounced the current medicinal treatment of his time.

It is quite evident then that Hahnemann did not discover the principle. He was a man of great learning, but it was experiment and not learning that convinced him. He was an independent thinker and disagreed with the drastic measures used in treatment in his day ; for in those days about half the illnesses were treated by bleeding.

It is not unnatural, therefore, that he should experiment on the lines of the principle of similars, of which he had read in the writings of Paracelsus.

We know that his first experiment was made with *Cinchona*, which he found produced shivering and many of the other symptoms of malaria.

That was the first of his many provings of drugs. Hahnemann is held in high esteem by homœopaths not because of any claim that he discovered the law, but because he put it on a sure foundation. He set about to collect data, and from these data he constructed the theory of the action of the law of similars, as may be found in his "Organon," which is the key to the working of the law.

As you probably know, he was so persecuted in Germany that he had to leave the country and settled in Paris, where he died.

Nevertheless, Homœopathy continued to be practised in Germany, and it must have had considerable influence for one of the medical societies appointed a man to investigate the subject thoroughly, with a view to writing a report which would crush it for all time to come.

One would naturally suppose the best available man

would be chosen, and Constantine Hering was the choice.

He must have made a thorough investigation, for the result was that he became a homœopath, and probably one of the greatest after Hahnemann.

He was so persecuted after that, that he had to emigrate to America, where he practised for many years.

In Scotland, early in last century, a committee of three men was appointed to investigate the new system. Two of them, evidently like many of the present-day investigators, had made up their minds that there was nothing in it, but they bought some books, read them, and then said there was nothing in it. The third man, Professor Henderson, was a more conscientious worker. He bought the books and the remedies and settled down to study it. He experimented with the remedies, and after several months wrote his report which was very short. This was it : " Gentlemen, I have tried it. It is all true."

This was the beginning of trouble for him. He had to resign his post at the Edinburgh Royal Infirmary, where he was a physician and professor of pathology.

He practised in Edinburgh as a homœopath, and was succeeded by the late Dr. Bryce, who died only a few months ago.

Professor Henderson's report caused a stir throughout the country. There was a great demand for Homœopathy, with the result that many men with practically no knowledge of the art represented themselves as homœopaths, bringing disgrace on the system.

The conversion of another Scotsman, Dr. Skinner, resulted in an amusing episode. He was at one time assistant to Sir James Y. Simpson, of Edinburgh, who was the first to experiment with *Chloroform* as an anæsthetic, but left Edinburgh to settle in Liverpool. While there he suffered from insomnia, which resisted all allopathic treatment. He was at last restored to health by homœopathic treatment. He was evidently a fair-minded man, for he felt that it was his duty to become a homœopath.

The amusing thing was that he had introduced a rule some months previously into the local Medical Society prohibiting homœopaths from membership.

He was the first member to be expelled by the rule which he himself had introduced.

Dr. Kent, one of the ablest of the present-day homœopaths and under whom I had the privilege of studying, related to me the circumstances which led him to become a homœopath.

A relative suffered from an illness attended by very severe pain for which he and his allopathic friends could only give morphia.

At last his relative said she had heard that an old homœopath in the town could do things that no other doctor could and requested that he should see her. I believe, had she been any other patient than a relative he would not have consented.

This old doctor came and spent about an hour taking her symptoms. The questions seemed to Dr. Kent absurd in the extreme. However, the treatment was efficacious, and so impressed him that he began to study Homœopathy. In a few years he became Professor of Homœopathic *Materia Medica*, whereas formerly he was Professor of Surgery.

While in Chicago, I met another homœopath, who set out to study Homœopathy with a view to writing a paper crushing it, but like Hering he was converted to it, and is now a staunch supporter.

Now we homœopaths, holding as we do a belief that is unorthodox, have been subject to considerable criticism, not to speak of persecution, though during recent and more enlightened times the latter may scarcely be said to exist. You, who choose to be treated homœopathically, may also be subject to criticisms and called upon to uphold the views which justify you in risking your own and your children's lives with such "quackery" and other such epithets as our opponents are pleased to call our system.

With a view to helping you to meet these onslaughts, I propose to deal with a few of the obstacles preventing men from adopting Homœopathy, as it is just these obstacles which form the basis of attacks made on us.

I feel particularly well qualified to speak on this subject, as I have numerous allopathic friends, and come from a district where Homœopathy, if known at all, is known only as a name.

Consequently I have been attacked from almost every standpoint, both by professional and lay friends.

Let me say at this point that the acuteness of the attack is in inverse ratio to the knowledge of the subject possessed by the attacking party. This, in the early stages, was rather amusing, but it gets rather monotonous now, as the same questions crop up time after time, and if any impatience is shown it is taken as a sign of defeat.

The first question that occurred to me when I thought of investigating Homœopathy was this, " Why, if this is such a superior and successful method of treatment, is it not universally adopted ? " I thought, " Why is it that my teachers, all men older than myself, and with many more years of experience, have not investigated this subject ? If they have investigated it, why have they not adopted it ? "

If I had assumed that they had studied it, then I was bound to conclude that they believed it did not satisfy all or any of the claims made for it.

I am afraid this is the position taken by the majority of doctors who have chanced to hear of Homœopathy.

They say, " Well ! if there really is anything in it, the best men would be certain to recognise it."

I know a lady doctor who thought of studying Homœopathy, and, as she knew nothing of it, she wrote to the Professor of *Materia Medica* of her University asking him about it.

He replied, saying, " Have nothing to do with it. It is simply a form of quackery."

Therefore we can divide our opponents into two classes :—

1. Those who know nothing or practically nothing about Homœopathy.

2. Those who have given it a certain amount of study.

The first class does not call for any consideration from us, for knowing nothing about it, they can have no argument against it. Curiously enough, however,

they often have! One usually finds, however, that their attacks are all based on complete ignorance of the subject, *e.g.*, one man sitting back in his chair, with a look of self-satisfaction as much as to say, "Now, then! I've got you this time," will ask, "How would you treat the bleeding from a wound." This, of course, shows at once that he has failed to grasp that Homœopathy is a system of medical treatment and has nothing to do with surgery, mechanical and other methods of treatment. I sometimes answer his question by saying, "With common-sense!"

Another common fallacy is the belief that we claim to cure all diseases simply because we claim to cure conditions that allopathic medicine cannot cure. This does not require to be refuted. Then, again, some people seem to be under the impression that being homœopaths we are bound by some oath to treat all diseases by Homœopathic remedies and these only. They look upon us as a variety of mono-maniacs.

It is our duty to meet the arguments of those who have studied Homœopathy, and no one who knows the theory of the action of the Law of Similars need fear to do so.

All my allopathic friends who know the theory of Homœopathy, say, "Oh, yes! it is a delightful theory, but you believe in very small doses."

"These small doses are too much for me," one will say. Then he says, "Isn't it a case of putting a drop of medicine into Lake Superior and then taking as a dose a drop of the same water after it has passed over Niagara Falls?" That is his little joke. They always get hold of an unimportant detail. The Law of Similars has nothing to do with the amount of medicine used. It simply says that diseases can be cured by medicines which, if given to healthy persons, produce similar symptoms. It does not even claim that all diseases can be so cured.

According to this law one can use either the whole of Lake Superior or the drop at the bottom of the Falls; but if the drop will do why trouble with the whole of Lake Superior?

In practice we find that the drop usually can do all that is expected of it.

Having explained the law and convinced them of the soundness of the theory of the action of the law which, of course, they must admit, as practically all allopaths believe in vaccines, the action of which is based on an identical theory, and having assured them that the size of the dose has nothing to do with the theory, we shall still have to meet the question of faith and coincidence.

Numerous cases may be related where patients have suddenly got well apparently without any treatment, or simply because they have gone to another doctor.

Well, of course, we must admit that we cure by faith just as often as other doctors, and we must also have our cases of recovery by coincidence; but if, as often happens to us, we get patients who have seen several of the most distinguished allopaths, some with "handles" to their names, and each has been visited with as much, if not greater faith than the one before, only to have that faith shattered, surely such an argument as faith can be ruled out when we cure them.

Then again, we are not always successful with the first remedy given, but that one is given with the same amount of confidence, and therefore produces the same amount of faith as the one which cures.

In the case of children and animals faith can be more easily ruled out because if a child or animal is to have faith in anyone, surely it will be in its parents or master respectively.

Then again, results are much too uniform to be all due to coincidence, though doubtless some are.

Of course, I am referring to conditions where one can reasonably exclude the unaided efforts of nature as the cause of cure.

After all, the practical test is the only true one, and if our friends are really interested they will endeavour to see some practical work and test for themselves whether the results claimed are genuine.

They are certain to see some cases that have been undoubtedly benefited by the remedies given, and if

the remedies have been given in minute doses, then further argument is impossible.

The mere fact that science cannot explain the action of infinitesimals does not prove to us that they can have no action.

After all infinitesimal is only a relative term—relative to the power possessed by analytical chemists of discovering minute quantities of matter.

What was an infinitesimal quantity of matter 100 years ago may be demonstrable at the present day, and what is infinitesimal to-day may be demonstrable another 100 years hence.

Besides, chemical tests are not the only means of demonstrating the presence of active matter.

Who would attempt to deny that flowers have perfumes, which we are able to detect by the fact that they can stimulate nerves specially developed in our noses to receive their impressions?

The mere fact that no one can detect chemically the minimum amount of essential oil in a flower necessary to stimulate my nerves of smell is not proof enough for me that flowers have no perfume.

We are told (I have not been able to prove it, yet I accept it) that *Radium* continues to give off its emanations for thousands of years without being appreciably lessened in weight. Yet no one doubts but that *Radium* has a marked and wonderful effect on living matter.

If I were to go to a physicist and say that I could not believe in electricity unless he could demonstrate it by chemical tests, would he not laugh at me? He would say, "Try the effect of a little on yourself."

These are all examples of actions that are recognised by effects which differ from the effects of the ordinary chemical tests.

The effects of homœopathic remedies are apparent to all who care to recognise them.

Then why, I ask, is Homœopathy not recognised? This was the question I began with.

The only answer I can give is that prejudice prevents its opponents from investigating it.

In the days of Hahnemann such forces as electricity

and radio-activity, which are much more drastic in their effects than homœopathic remedies, had not been discovered.

The subject of smell was so commonplace that its explanation was not considered worthy of thought.

Therefore the men of Hahnemann's time could not conceive of infinitesimal doses having any effect, the more especially as they were accustomed to use very considerable doses of drugs in those days.

"Give a dog a bad name and you might as well hang him," is an old proverb which may be applied to Homœopathy. It has never been able to live down its bad name.

Another objection that some allopaths have to us is that we label ourselves as homœopaths. This, of course, is not an objection to Homœopathy. All I can say is that if they knew sufficient about it to practise it successfully they would be proud to call themselves homœopaths.

I always tell them, too, that the labelling comes from them and not from us. If they recognised our principle there would be no necessity for distinction. Moreover, it is no more unethical to call oneself a homœopath, than it is to call oneself an oculist, aurist, radiographer, etc.

I am quite aware that there are many men who, at the present time, use mostly homœopathic remedies, and unknown to their patients. This is largely due to the fear of losing part of their practice or the friendship of their colleagues. One can, to a certain extent excuse such an attitude, but at the same time, if one is thoroughly convinced of the truth and the efficacy of the method, one ought to acknowledge it and be prepared to stand up for it.

It may appear to you from my enthusiasm that I consider Homœopathy to be the only method of treatment, and that everything outside it is unworthy of my consideration, but such is not the case.

I overheard two visitors to the Homœopathic Hospital discussing us. One said, "My objection to them is that they think theirs is the only hospital in London."

Well, we consider our method of treatment, when indicated, the ideal one, and as the Homœopathic Hospital is the only one in London which uses it we must be excused for looking upon it as the ideal hospital in London.

A doctor's mission is to heal the sick or relieve their suffering. If he finds the homœopathic method superior to all others then let him use it. As his knowledge of it increases he will find more cases curable by it. If homœopathic medication fails or is unsuitable, he must endeavour to find some other means. Common-sense will often tell him at the beginning that homœopathic treatment is absurd for the case.

Therefore, homœopaths, instead of being the narrow-minded, deluded individuals they are frequently thought to be, are really the most broad-minded practitioners of medicine and avail themselves of an extra weapon to attack disease.

A CHRONIC STOMACH CASE.

BY DR. M. TYLER.

March 17th, 1913.—Mrs. V. B. (51), married.—Vomits excessively. Everything comes up. Everything turns acid at once and is vomited: may keep down from one to one-and-a-half hours, then she vomits violently. Present attack has lasted for one month: can't get over it. Doctor has done her no good: he says "flabby muscles," and orders massage and physical exercises. She has had periodical attacks of indigestion and vomiting for years, but none so long as this. She gets better for one month, or perhaps two, at times.

Vomiting relieves: it comes with a rush, has to hurry, it comes so suddenly. She retches, and brings up "yellow phlegm," very bitter, and sticky. *During vomiting there is involuntary urination. Urine pours away during vomiting and retching.*

Pain between shoulder blades. Sacral pain, like labour pains. Menopause three years ago.

The patient is very, very chilly, wears "yards of flannel round waist." Is better in the morning, till she eats. Cold, dry winds cut through her, and give her pain. She is depressed: sensitive to unkindness, but *hates* fuss and sympathy; is better alone.

The chilly remedies, markedly worse for sympathy, or "consolation" are, *Ars. Bell. Calc.-ph., Ign., Sep., Sil.*

<cold, dry, *Ars. (Bell.) Sep., Sil.*

Involuntary urination during vomiting, *Ars., Dig.*

Vomit bitter. *Ars., Sep. (Sil.)*

Vomiting violent, *Ars. (Sep.)*

Ars. had all the important symptoms of the case, including that "strange, rare and peculiar symptom," excessive and involuntary urination during vomiting. (Please note that this is omitted in the 2nd edition of Kent's Repertory: but is found in the first edition.) Therefore, the patient got *Ars.* 200 (3 doses eight-hourly, as she could not be seen again, and the condition was pretty acute).

March 31st.—Feeling M.B. Vomiting almost stopped. Thinks she was sick twice last week.

April 7th.—Sick (but less violently) a few times since here. Back rather bad. Has been V.M.B.

April 28th—M.B. Sick about twice since here.

May 19th.—Not vomited for three weeks.

June 9th.—Vomited once at 3 a.m. (stormy weather). Not so well since: pulled her back. Flushes, head heavy. Only one bout in six weeks. *Ars.* 200 one dose.

July 14th.—Vomited after eating black currants. All right again. But vomited once a day for three days. "Is quite different: so V.M.B."

Nov. 3rd.—Sends a message that she is "ill." *Ars.* 200, one dose.

Nov. 24th.—A little better, but for 14 days had ulcerated mouth and throat.

March 2nd, 1914.—Has been V.M.B. But now a slight attack of vomiting every day last week: "It is nothing, only a little acid:—it used to be sc dreadful."

Flushings: had to jump up and go into garden. Used to have such attacks two years ago. Almost

feels as if she would lose herself : fears to be alone when like this. *Ars. 200*, one dose.

May 25th.—Comes for pain in right arm.

Says "vomiting quite well, and no pain. Ever so much better!" No nasty feelings in head. Flushings gone. "Stomach seems quite new inside, as if it had a new lining! Eats everything the others have—meat, potatoes, pastry. Never has lived as she does now. (Used to have to eat Benger's: couldn't even keep milk down, or bread and milk.) Used to vomit *ever so terrible*. Never could touch bacon; can now. Beef was like poison; eats it now. Can eat anything. Quite a change, and quite nice too!"

Observe—She only needed four doses in fifteen months.

A NEW ANAPHYLAXIS.—Professor Charles Richet, elected a fortnight ago member of the Academy of Science, yesterday made his first communication before the learned assembly. In his own name and in that of Mr. P. Lassablière he presented some very curious researches concerning a new anaphylaxis.

The two experimenters have observed that dogs chloroformed for the first time never show any signs of leucocytosis, either during the chloroformisation or during the following days. On the contrary, when they are chloroformed a second time, about three weeks later they present an intense leucocytosis which begins the day after the chloroformisation and reaches its maximum on the eighth day.

According to Professor Charles Richet this phenomenon can only be explained by the hypothesis of an anaphylaxis, but an anaphylaxis of a type unknown up till now; that is to say, an indirect anaphylaxis. Indeed, in this case the preparation and the unchaining of the anaphylactic accidents, and here in particular the leucocytosis are due to not the chloroform, but to the albumens produced by the alteration of the liver and the kidneys under the influence of the chloroform. It seems, then, that anaphylactic substances must be classed into two groups, those which immediately provoke anaphylaxis in a few minutes in passing directly into the blood, and the substances that provoke these phenomena later on by causing an albuminoid destruction, an inoffensive auto-intoxication the first time and a dangerous one the second time; it is indirect anaphylaxis. This anaphylaxis may play a role, no less important in pathology than direct anaphylaxis, the only anaphylaxis that had been studied before the experiences reported by Professor Richet and M. Lassablière.

—*Medical World.*

HOSPITALS AND DISPENSARIES.

BRISTOL HOMŒOPATHIC HOSPITAL.

THE Annual Meeting of Governors and friends of the Bristol Homœopathic Hospital was held at the Institution on Wednesday afternoon, May 6th, 1914. Dr. S. Morgan was in the chair, and amongst others present were Dr. F. H. Bodman, Dr. J. H. Bodman, Mr. Case, Miss Densham, Rev. F. G. Benskin, Mrs. England, Rev. F. J. Horsefield, Professor Macey, Mrs. Melville Wills, Dr. and Mrs. Newbery, Mrs. Sampson, Rev. H. J. and Mrs. Sanger-Davies, Mr. Veale, Mrs. J. W. Ware, Mrs. S. D. Wills, Mr. Royce (Hon. Treasurer), Dr. C. O. Bodman (Hon. Secretary), and Mrs. Bodman.

The Hon. Secretary presented the Report for 1913. During the year under review, eighty-nine patients were admitted, nineteen of whom occupied the private wards, the number of in-patients having steadily increased each year since the hospital was opened. Only one death occurred.

Out-patient attendances numbered 4,091, the number of out-patients being 1,581. Thirty-six patients were visited in their homes, receiving 371 visits. The number of out-patients attendances shows a diminution of over 1,000, due, no doubt, to the working of the National Insurance Act, which has affected other Institutions in the same way.

As a consequence, out-patients' payments declined £37 to £117 6s., but there was an increase of £50 in the payments of in-patients, these amounting to £267 7s. 4d. At the end of the year the balance due to the Treasurer was £116 3s. 2d., this would have been considerably greater but for the kind way in which friends had come forward on the occasion of the successful Pound Day Collection, when 1,500 lbs. of goods and over £25 in cash were given. Increased expenses have been incurred in making various structural alterations, the desire of the Board of Management being to do everything possible to keep the institution up-to-date. With the same object in view, arrangements have been made with the University of Bristol for the examination

of pathological specimens and the preparation of vaccines, etc. The Medical Staff has been strengthened by the addition of Dr. J. A. Parkes, who is already proving himself a valuable helper.

During the year the Ladies' Guild of Needlework has been re-organised, and, it is hoped, will become a still more useful auxiliary.

The Hon. Secretary announced the receipt of a cheque for £10 from the British Homœopathic Association, as a mark of interest and appreciation of the efforts made to obtain an increased amount of local support.

Dr. Morgan moved the adoption of the Report, and in the course of his remarks described the world-wide progress of Homœopathy.

In seconding the motion, the Hon. Treasurer drew attention to the change that was coming over the work of the institution, a transition taking place from a dispensary to a hospital, with a consequent need for a larger subscription list.

In proposing a vote of thanks, the Rev. F. J. Horsefield spoke of the grateful way in which his poor parishioners referred to the hospital; its outstanding features appeared to be skill, kindness and courtesy. The Rev. F. G. Benskin, in proposing the re-election of the retiring members of the Board, also testified to the esteem in which he found the hospital to be held, and thought that the good work done ought to be recognised on the part of the Lord Mayor's Hospital Sunday Fund, by an annual contribution on their part.

A vote of thanks to the Chairman, proposed by Professor Macey, concluded the business of a meeting marked by much enthusiasm and cordiality.

Arsenicum.—Burning, gripping pain in the stomach; vomiting with great prostration; patient even vomits water as soon as it becomes warm in the stomach; gulping up of burning water is a prominent symptom.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Meeting of the Session was held on June 4th, at the London Homœopathic Hospital. Dr. Green, the President, being in the chair.

Dr. Emil Schwarz was proposed for membership, and Dr. Satyendranarh Goswami for associate membership. A specimen was shown by Mr. Dudley Wright and Dr. Byres Moir, and a patient, by Dr. S. Alexander. Dr. Ibbotson demonstrated some points in the Anatomy and Pathology of the Brain.

Dr. Fergie Woods read a paper on Homœopathy and Haemorrhoids, dealing with principles of treatment and their application to cases. A good discussion followed.

The Dinner Club met as usual in the Holborn Restaurant.

NOTIFICATIONS.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. HANS KUBASTA.

Dr. Hans Kubasta will be practising as a homœopathic physician in and after June, 1914, at *Villa Frohsinn, Badgastein.*

DR. GALLEY BLACKLEY.

Dr. Galley Blackley has removed from 29, Devonshire Place to 42, *Welbeck Street, W.* Telephone, 3281 Mayfair.

BRITISH HOMŒOPATHIC ASSOCIATION.

The telephone No. of the B.H.A. has been changed and is now 194 *Museum.*

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

RECEIPTS FROM MAY 16TH TO JUNE 15TH,
1914.

GENERAL FUND.

	<i>Subscriptions.</i>	<i>£ s. d.</i>
S. Robinson, Esq.	1 1 0
Mrs. Arnold Herbert	10 6
Mrs. Hutchinson	10 6
The Dowager Lady O'Hagan	1 1 0
Mrs. Bishop	10 6
Mrs. Tait	2 6
Miss Cunningham	5 0
C. Marten, Esq.	10 6
Miss Andrews	2 6
J. Howard, Esq.	1 1 0
W. Lee Mathews, Esq.	2 2 0
Dr. Eugene Cronin	1 1 0
Dr. J. Cavendish Molson	10 6
Lady Oldroyd	1 0 0
Dr. Wingfield	1 1 0
Dr. George Clifton	1 1 0
H. Manfield, Esq., M.P.	1 1 0
Dr. Hayes	1 1 0
A. Ridley Bax, Esq.	1 1 0
A. Davies, Esq.	5 0
Sir George Wyatt Truscott, Bart.	10 10 0
Col. Clifton Brown	5 5 0
Mrs. F. Claughton Mathews	1 1 0
C. Fellows Pearson, Esq.	1 1 0
Miss Carrick	2 6
Miss Millet	5 0
F. G. Ames, Esq.	5 0 0
Mrs. Gosling	1 1 0
Dr. J. Hervey Bodman	1 1 0
Madame Erba	2 6
E. H. Morton, Esq.	3 3 0
Mrs. E. H. Morton	1 1 0

Donations.

Miss Medwin	.. .. .. .. ..	5 0
Sir Alexander Henderson, Bart.	.. .. .. .. ..	10 0 0
Dr. Leon Brasol	.. .. .. .. ..	10 0 0
E. Shorrock Eccles, Esq.	.. .. .. .. ..	25 0 0
Paul Rottenburg, Esq., LL.D.	.. .. .. .. ..	10 10 0

THE NATIONAL HOMŒOPATHIC FUND.

Subscriptions.

J. H. Templer, Esq.	.. .. .. .. ..	1 1 0
Miss Bevan Brown	.. .. .. .. ..	10 6

A meeting of the Compton Burnett Fund Committee was held on June 8th, and Dr. John Weir was appointed Professor for the session 1914-15.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Tuesday, June 6th.

A meeting of the Beit Research Fund Committee was held at Chalmers House on Tuesday, June 16th.

PROVINCIAL MEETINGS.

With the idea of stimulating interest in Homœopathy in districts where one homœopathic doctor alone keeps the flag flying, the Association some time ago suggested to the homœopathic doctor in various such districts the possibility of giving a lecture there by some member of the B.H.A. Council. The idea was welcomed by Dr. C. S. Spencer, of Ashton-under-Lyne, who accordingly organized a successful meeting for the evening of May 22nd, when Dr. Wheeler lectured to a much interested audience on "Homœopathy in the Light of Modern Science."

On May 28th, on the historic occasion of the formal opening of the first Homœopathic Hospital in Scotland—the Houldsworth Homœopathic Hospital in Glasgow—Dr. Wheeler attended to represent the B.H.A., and to present the Association's donation. In the evening of the same day, with the new hospital's President (Dr. Paul Rottenburg), in the Chair, Dr. Wheeler lectured to an audience of 500 or 600 people on the subject of "Homœopathy after a Hundred Years." Very great interest and appreciation were shown. Many copies of the "Organon" were sold, and of "Knaves or Fools?" also, and a great number of pamphlets on homœopathy were given away.

AILANTHUS.—In eruptive diseases, when the skin appears livid, purplish, with sordes and great weakness.

Objective Symptoms.—Eyes suffused, face dusky, throat swollen internally and externally; tongue dry, brown, covered with sordes; the neck is tender and swollen. The skin is covered with large blisters filled with dark serum. The eruption is irregular patchy and livid. Skin cold.

EXTRACT.

THE SECRET OF IMMUNITY.*

A GREAT number of savants have for more than twenty years past tried to determine the nature of the mysterious and active principle of serums. It was Büchner, who, in about the year 1890 gave the name of alexin to the substance of an unknown nature, to which he attributed the bactericidal power of serums, that is to say, the power of destroying bacteria or of preventing their development. In spite of the considerable quantity of studies published about alexin, the active principle of serums has remained so hidden that no one has as yet found out if alexin is a body of the nature of a ferment, or a body of any other nature, as, for example, lipoid.

Dr. J. Tissot, a collaborator of Professor Chauveau at the Natural History Museum, has employed several years in the study of the difficult and delicate problem of immunity. It is the results of his studies that have been brought before the Academy of Science by Professor d'Arsonval of the Collège de France. These remarkable results that are destined to have important practical consequences, and which show in a new light the theories of immunity and anaphylaxis, will be treated in several papers, so that the work may be completely understood as a whole.

It is at present admitted that the bactericidal or bacteriolytic power of alexin can be exercised either directly on the microbe which constitutes the natural immunity or the refractory state, or else indirectly, the cell having previously to undergo the action of sensibilizer, which corresponds to acquired immunity. The sensibilizer or immunising body fixes itself on to the microbial cell, and by its action renders the destruction of the cell possible by the serum. In his first paper, presented by Professor d'Arsonval, Dr. Tissot studies the inactivation of serums by heat. He first shows that, the inactivation being the function of time and temperature, it is not possible for alexin to be a body of the nature

* From the *Medical World*.

of a ferment. The inactivation of serums by heat is not due to the destruction of a ferment, but from chemical phenomena of dissociation or of combination.

Studying the chemical phenomena that appear in heated serums Dr. Tissot observes that there are several orders: these are, first, the modifications of the acidity of the serums, caused by the fatty acids of dissociated soaps. By heating these fatty acids are inclined towards the albumen and the acidity decreases. Afterwards it is the albumen of the albuminoid substances. From these and other diverse modifications Dr. Tissot concludes that the inactivation of serums by heat results from the fixation of the oleic acid by the albuminoid substances of serums, which fixation brings in its wake the dissociation of the soaps of the serums. The proof of this is that if an obstacle is opposed to the dissociation of the soaps by the addition of a very small quantity of alkali, the albuminoids are protected against the action of heat and so are not changed or impaired. It is the unknown mechanism of the coagulation of the albuminoids by heat that is thus explained.

A second proof given by Dr. Tissot is that if the soaps are brought to a commencement of precipitation by the addition, for example, of sulphate of soda, the chemical alterations of the serums under the influence of heat no longer take place. The serums keep their bactericidal and haemolytic properties.

From these facts may be deduced these highly important conclusions: (1) The bactericidal power of serums is due to the presence of soaps and soda and of cholesterin; (2) the complementary alexin is constituted by the union of two complex substances, one the complex of soda soaps with globulin, the other the complex of cholestrin soap with albumen.

Thus is unveiled the constitution of this very mysterious body that has caused so many discussions. Dr. Tissot indicates, moreover, that the different phenomena of inactivation of serums obey the general laws. He also indicates that his researches lead up

to the explanation of the mechanism of immunity. The sensibilizer or immunizing body has the effect of determining in the sensitized cell a modification which makes it capable of effecting the dissociation of the soaps. This dissociation brings about the bactericidal action.

These results are of considerable importance, because by knowing the intimate mechanism of immunity it will in the first place doubtless be easier to realise it for the maladies in which it can already be obtained, such as diphtheria, tetanus, etc., and, in the second place, the realization of the immunity will be facilitated in those maladies in which it was not yet obtained, such as tuberculosis, syphilis, etc. The exact knowledge of alexin will enable the bactericidal power of serums to be augmented. The researches concerning immunity against infectious diseases thus enter a new path in which they will doubtless make rapid progress.

REVIEWS.

THE HOMŒOPATHIC PHARMACOPEIA OF THE UNITED STATES.*

THE American Institute of Homœopathy is not only strong, but uses its strength with wisdom and foresight. The business of revising, periodically, the Pharmacopeia is of the utmost importance. This edition was begun in 1912, eleven years after the previous one, and has been done with all the care and completeness that could be desired. It is a monument of patient industry and invaluable in its sphere.

SIXTY-FIVE YEARS' WORK.†

WE are all proud, and justly proud, of the London Homœopathic Hospital. Here is a history of it from

* *The Homœopathic Pharmacopeia of the United States.* Published under the direction of the Pharmacopeia Committee of the A.I.H., third edition. Boston: Otis Clapp & Son; and London: Homœopathic Publishing Co.

† *Sixty-Five Years' Work from Within and Without.* A Historical Sketch of the London Homœopathic Hospital. Published by the London Homœopathic Hospital, Great Ormond Street, and Homœopathic Publishing Co., London.

the beginning up to to-day, that is worth the closest study. It is full of deep interest, written with *verve* and a sprightly vigour, and holds the attention throughout. The modesty of its author withholds a name from the title page, but the hand of the energetic and devoted Secretary, Mr. E. A. Attwood, is apparent in every paragraph. The interest of the matter is enhanced by the illustrations which are many, varied, but all of importance. We commend it most heartily to all our readers. It is a record of which Homœopathy should be proud.

THE SCIENCE OF CURE.*

WE can never have too many pamphlets designed to explain the nature of Homœopathy to the enquirer. Here is another by Dr. Freeman of Brooklyn. It concentrates rather on the practical advantages of Homœopathy than upon any attempt to explain its mode of action. There is wisdom, no doubt, in this. Practice is the final test and the man convinced by practice can always, if his bent is that way, work at the theories that explain the results, or attempt to explain them. We wish Dr. Freeman many readers.

OBITUARY.

ROBERT MASTERS THEOBALD, M.A., M.R.C.S.E.

WE regret to have to record the death of Dr. Theobald at the age of eighty-four. He was educated for the Scottish ministry, but, while a student, his orthodoxy was impeached and he was forced to give up the idea of filling a post as a minister. With him was expelled (for the same reason) no less a man than Mark Rutherford (William Hale White). Mr. Theobald then turned his attention to medicine, qualified and practised for many years, till 1906. He was early converted to Homœopathy, and did most of his medical work as a follower of Hahnemann. He had his diploma

* *The Science of Cure.* By Dr. W. Freeman. Price 4d. (Philadelphia: Bœricke & Tafel; London: Homœopathic Publishing Co.)

withdrawn by the R.C.S. because of the interest he took in the once famous Mattei remedies, and principally for his translation of Mattei's book. After years of litigation his diploma was returned to him. Mr. Theobald was a man who gave a good deal of time to literary work. His own favourite subject was Shakespeare and he was a Shakespearian of no mean authority. He lived to a ripe age and made good use of his years, and all who knew him loved and honoured him.

CORRESPONDENCE.

S.O.S."

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—It is not often one starts off with a "conclusion," but I do here to use it for my text.

Read on pages 17-23 *British Medical Journal*, for January 3rd, 1914, a splendid article on the "Teaching of Clinical Medicine," by Dr. James Mackenzie, who is well-known as a heart specialist of the first rank, and you will be struck with much there that appears to embody Hahnemann's teachings, together with many criticisms that cannot be laid on the doorstep of any homœopath. It is most refreshing!

Dr. Mackenzie's "conclusion" I want to draw your attention to, is this:—

"If clinical medicine is to advance, if it is ever to attain the dignity of a science, a new spirit must be infused into the teaching. Symptoms that have hitherto been ignored, and however insignificant they seem, must be investigated. . . . the little explored field of the *subjective sensations* must be systematically investigated," etc.

Yes, it is encouraging and refreshing to find a man of Mackenzie's stamp paying court and attention to these minutiae, which were an order of the first importance as detailed by Hahnemann just 117 years ago.

Dr. Mackenzie's paper is written as much for the profession as the student and contains ideal truths (*q.v.*)

He lays no light hand on his own school's work of this day, and there is much that should strengthen the

hand of any flincher "without the pale," or those nearing our threshold.

Every homœopathic position must be strengthened by reading that the allopath is now urged to study both "*subjective and objective*" systems closely; also "that the whole tendency of recent teaching has been to seek assistance from methods which are useful in other sciences, such as the microscope, X-ray, and other mechanical means. No doubt all these have their places, and are of service, but they are *not* the essence of clinical medicine. Disease gives rise to many symptoms of a nature that cannot be brought to light by mechanical means."

Whilst the Homœopath rightly makes use of all these adjuvant measures, every one of us has turned the scale and cured cases by taking heed, as Hahnemann taught, of some strange, unaccountable, and often by some seemingly inconsequential "*Subjective symptoms*," hence it is comforting, as I said, to find this is emphasised and urged by a man in the forefront of orthodoxy.

Mackenzie says that "the whole series of *subjective phenomena* are never investigated, or they are ignored or misunderstood," etc.

He also makes some pertinent remarks on *medication* as practised now by the orthodox—to wit:—

"I could say without fear of contradiction that not one single drug has been carefully studied so as to understand its full effects on the human system," also, that "Drugs are given for some supposed effect, and then little attention is paid to what the result may be. No one is taught how to investigate the action of the simplest remedies."

Moreover, "The same curious unreasoning belief (of orthodoxy) in the efficacy of remedies is as rampant as ever to-day, and this is entirely the outcome of the clinical teaching, for the 'faith' in remedies, though given by such scientific methods as the hypodermic syringe, is as simple and trusting as the belief in charms and incantations of a bygone age."

This whole article referred to (thirteen columns) is most encouraging to any Homœopath or would-be

enquirer into our methods, who must feel stronger in the position and work of our school, and when read in conjunction with the opening line of an article by Sir William Osler (page 10 of the same journal and issue) that "unrest and change are the order of the day" (*i.e.*, with the allopaths) all must redound to the credit of Homœopathy, which has not changed in the last 117 years.

Homœopathy has that of great worth which should satisfy anyone of us, besides which we have the whole field of medical learning which is ours by inheritance, right, and actual usage. Our position therefore is *not sectarian!*

Collateral sciences have put their sign manual on Homœopathy, therefore, taken in conjunction with Dr. Mackenzie's utterances, and not forgetting what Wright, von Behring, others, have said, let us all feel refreshed by this veering wind of orthodoxy, and pay more attention to *subjective symptoms* and study the proper differentiations of remedies in order to—"S.O.S."

Yours truly,

London, W.

E. PETRIE HOYLE.

May 19th, 1914.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—Permit me to make a correction in the detail of my address to the British Homœopathic Society on the occasion of the death of Dr. James H. McClelland. It was Dr. Brasol, of St. Petersburg, and not Dr. McClelland, to whose initiative and untiring energy we owe the erection of the Monument to Hahneman in Père Lachaise. It is due to Dr. Brasol that the rectification of this error be forthwith effected.

I am,

Yours faithfully,

GEORGE BURFORD.

35, Queen Anne Street,

Cavendish Square, W.

June 19th, 1914.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

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TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Armstrong** (W. E. M.). I.K. Therapy, with special reference to Tuberculosis. Cr. 8vo. (H. K. Lewis. Net 5s.)
- Behan** (Richard J.). Pain: Its Origin, Conduction, Perception, and Diagnostic Significance. 8vo. (Appleton. Net 25s.)
- British Red Cross Anatomical Diagrams.** 6 Linen Charts. (H. Milford. Each net 7s. 6d. ; sets, net 30s.)
- Buchanan** (A. M.). Manual of Anatomy : Systematic and Practical, including Embryology, 2nd impression. 8vo, pp. 1,572. (Baillière. (Net 21s.)
- Coleman** (F.). Extraction of Teeth. Illustrated. 2nd ed. Cr. 8vo, pp. 186. (H. K. Lewis. Net 3s. 6d.)
- Diseases** of Children (The). Edited by Dr. M. Pfauendler. 4to. Vol. 6. (Lippincott. Net 21s.)
- Freyberger** (Ludwig). The Pocket Formulary for the Treatment of Disease in Children. 4th revised and enlarged ed. 12mo, leather, pp. 276. (Heinemann. Net 7s. 6d.)
- Kellicott** (W. E.). Outlines of Chordate Development. 8vo. (Constable. Net 10s. 6d.)
- Lagarde** (L. A.). Gunshot Injuries. 8vo. (Bale. Net 18s.)
- Macmunn** (C. A.). Spectrum Analysis applied to Biology and Medicine. 8vo. (Longman's. Net 5s.)
- Medical and Sanatorium Benefit Regula-** tions, etc. 8vo, pp. 238. (I. Pitman. Net 5s.)
- Mummery** (P. Lockhart.). Diseases of the Rectum and Anus. A Practical Handbook. 8vo, pp. 356. (Baillière. Net 7s. 6d.)
- Pappenheim** (A.). Clinical Examination of the Blood and its Technique. A Manual for Students and Practitioners. Cr. 8vo, pp. 98. (Simpkin. Net 3s. 6d.)
- Pickerill** (H. P.). The Prevention of Dental Caries and Oral Sepsis. 2nd ed. 8vo. (Baillière. Net 12s. 6d.)
- Ritchie** (William Thomas). Auricular Flutter. Royal 8vo, pp. 156. (W. Green. Net 10s. 6d.)
- Sixty-five Years' Work.** A Historical Sketch of the London Homœopathic Hospital. Cr. 8vo, pp. 140. (Homœopathic Hospital.)
- Tibbles** (William). Dietetics; or, Food in Health and Disease. 8vo, pp. 638. (Baillière. Net 12s. 6d.)
- Whittaker** (Charles R.). A Manual of Surgical Anatomy. 2nd ed., revised and enlarged. Cr. 8vo, pp. 355. (Livingstone. Net 6s.)
- Williams** (M. H.) and Others. A Statistical Study of Oral Temperatures in School Children, with Special Reference to Parental, Environmental, and Class Differences. (Drapers' Company Research Memoirs.) 4to, pp. 124, swd. (Dulau. Net 6s.)

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

E. A. Attwood, Esq., London—Mr. Erskine White, Holdsworthy, Australia—Dr. Bodman, Bristol.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omopathia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Frän Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.—Homœo. Pharmacopeia of U.S.A.—Sixty-five years' work.

The Homœopathic World.

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Report of the Annual General Meeting.

BRITISH HOMEOPATHIC ASSOCIATION.
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THE
HOMŒOPATHIC WORLD.

AUGUST 1, 1914.

THE WORK OF THE I.H.C.

IN this number we have the honour to print the year's report of the International Homœopathic Council, and make no apology for directing attention to it with all the urgency we can command. In this work there is promise and fulfilment, remarkable fulfilment, and almost unlimited promise.

The news from Russia is grave, and there seems only too much reason to fear a disaster for our cause. But that disaster would almost certainly have already occurred had it not been for the I.H.C., and we may hope that its efforts may yet avert the threatened danger. India has received help also.

A very significant feature is the utilization of London as a teaching centre for Homœopathy in Europe. It is a high compliment, and we must strive to deserve it. The year's meeting at the Hague will be important, and we are glad that our country will be well represented. Dr. Burford (the initiator and prime moving spirit) and his colleagues may well be proud of what has been already achieved, and may look forward in confidence to a future of greater work, greater responsibilities and greater rewards.

NEWS AND NOTES.

A CORRECTION.

WE wish to correct a false statement in last month's obituary of Dr. Theobald. His Shakespearean interest and the object of his study were directed to establishing the authorship of the works attributed to Shakespeare for Bacon, and the impression our sentence must have given of him as a Shakespearean is of all impressions the one he would most have disliked. It is an interesting coincidence that two such ardent Baconians as Dr. Theobald and Sir E. Durning Lawrence, with the further points of resemblance of a deep interest in Homœopathy, should have passed away with so small an interval of time between their deaths.

LONDON HOMŒOPATHIC HOSPITAL EDUCATION
FACILITIES.

THE arrangements for the Winter Education Course at the London Homœopathic Hospital are now nearly complete. The Honyman Gillespie and Compton Burnett Lecturers are the same as last year, Dr. Wheeler for *Materia Medica*, and Dr. Goldsbrough for Clinical Medicine, Dr. John Weir being the Compton Burnett Professor. The Inaugural Lecture for the Course will be delivered by Mr. James Johnstone, M.B., F.R.C.S. Eng., on Friday, October 9th, at 5 p.m.

B. H. S. GOLF.

IN the second round of the Golf Tournament, Bird won his match with Weir at Mid Surrey. Knox Shaw disposed of Capper at Leicester. Pritchard beat Thomas after a keen fight on the 17th green at Rye.

Nankivell caught Mason off his game at Mid Surrey. Wheeler was too good for Johnstone.

Grace, at Crowborough, put Ramsbotham (the holder) out of the running for this season.

Powell turned the tables on Byres Moir, at Walton Heath.

And Vincent Green scratched to Ord.

ORIGINAL COMMUNICATIONS.

THE ANNUAL CONGRESS.

THE Annual Congress of Homœopathic Physicians met this year in London under the popular presidency of Mr. James Johnstone, F.R.C.S. The more informal Congress proceedings began on the 2nd, when some sixteen members of Congress played a medal round at golf at the Mid-Surrey Golf Links (by the courtesy of that Club), a silver cup being offered as a memento of the friendly competition. Scoring was reckoned by strokes, and each man had the full allowance of his handicap. There was a good deal of excitement as the scores ran close together ; finally Dr. Ramsbotham and Dr. Wheeler tied for the first place with a net score of 80 (bogey 78). They have yet to play off the tie for final possession of the cup.

In the evening of the 2nd, the President and Mrs. Johnstone held a reception at the Connaught Rooms, to which there was a fine gathering of physicians and friends of Homœopathy. An excellent programme of music was provided.

On Friday, July 3rd, the business of Congress began. The President delivered an eloquent address on the Evolution of Homœopathy, which we shall have the honour to print. It was followed with deep attention, and Dr. Blackley proposed, and Dr. Wheeler seconded, a vote of thanks, which was accorded with acclamation.

The death of Lord Wemyss, a homœopathist of life-long conviction, was made the subject of a motion of sympathy.

After a short interval, papers were read dealing with the material collected during the previous year (mainly by the zeal and energy of Dr. Goldsbrough) from members of the homœopathic body with regard to the uses of Tuberculin. These papers also we hope to print in the course of ensuing numbers. They were by Dr. Goldsbrough, Dr. G. Hare, Dr. Cronin Lowe and Dr. C. Wheeler. Dr. Hare was able to bring forward some recent work as yet unpublished, of very deep interest and importance.

Congress then adjourned for luncheon. At the close

of it discussion took place as to the meeting place of Congress next year, and Bath was selected. Mr. Dudley Wright was chosen President ; Vice-Presidents, Dr. Percy Wilde and Dr. Wynne Thomas ; Treasurer and Secretary, Dr. Burford. The former Council was re-elected as to its London members, but Dr. Grace, Dr. Ross and Dr. H. Bodman were put on as country members. Dr. Norman was chosen local Secretary, and Dr. Newberry special Local Secretary for Bristol. The golf cup was then presented to Dr. Wheeler provisionally, till the result of his contest with Dr. Ramsbotham is known ; Dr. Wynne Thomas contributed an amusing set of verses purporting to give an account of the competition. The London doctors acted as hosts for this luncheon, and the thanks of their provincial colleagues were voiced by Dr. Eaton and Dr. Spencer.

Business was then resumed. The Tuberculin papers were briefly discussed, Dr. Eaton and Dr. Gregson opening the discussion, and then papers were read by Dr. Hall Smith and Dr. T. Miller Neatby on the Bacterial Origin of Rheumatism and Rheumatoid Arthritis. The discussion on this was opened by Dr. Wilde.

Dr. Hare gave a Laboratory Demonstration (mostly with regard to Tuberclie) at 4.30 at the London Homœopathic Hospital, and by the kind invitation of the Board the Congress and friends took tea in the Board Room of the Hospital. We should add that a fine exhibit of the work of the London Missionary Medical School was on view at the Congress.

In the evening, under the chairmanship of the President, the Congress and its friends dined at the Connaught Rooms. Various toasts were proposed by Sir George Truscott, Mr. J. P. Stillwell, J.P., the President, Sir Ryland Adkins, M.P., Mr. Newton Crane, Mr. Caird, J.P., Dr. P. Wilde, Dr. Burford, Dr. Adrianoff, Mr. H. J. T. Wood and Dr. A. Sandberg. Mr. A. Smith contributed to the gaiety of the evening with various musical sketches and stories. Proceedings ended with the heartiest reception to the toast of the President, and a most successful and enjoyable Congress thus came to a conclusion.

THE INTERNATIONAL HOMŒOPATHIC COUNCIL'S YEAR.

By GEORGE BURFORD, M.B.
(Vice-President of the Council.)

A TWELVEMONTH ago you did me the honour to receive me as the apologist of a new movement and the chronicler of its initial acts. The Annals of Internationalism in Homœopathy are being compiled in facts, not words : and thronging events, and not this verbal presentment, actually constitute its history.

The Ghent Congress stands out as a tidal wave among these lesser springs which swell the volume of work in the International year. Belgium—the country of the immortal Jähr, but a country whose Homœopathy had become largely historic—Belgium decided to infuse the new wine of International creation into the existing vessels of its homœopathic body corporate. The new ferment as regards Belgium commenced its activities by summoning a large meeting of lay and professional homœopaths to see Dr. Petrie Hoyle's incomparable collection of slides of the Public Homœopathic Institutions of the World. These were presented in a framework of statement, inclusive of the rational basis of our science and the practical results of its Institutional use. This Ghent meeting was representative of the ruling forces of modern life. The Governor of the province, Baron d'Eychoeve, took the chair. By his side were Bishops and other ecclesiastical dignitaries, and prominently also certain of the great captains of industry, who have transformed modern Belgium into an Iron Age. The audience was a picked audience from the *élite* of the place, and sat for two hours deeply interested in the views of the Homœopathic Institutions of the globe, with the text of the descriptions done into elegant French by Dr. de Coomans. The note of a State interest was so powerfully struck that the Governor (of no previous homœopathic proclivities) declared himself deeply interested and concerned in the work thus portrayed. One of the great industrial magnates, with manufactories by land and fleets by sea, desired to

subscribe substantially to a financial list for instituting a new Homœopathic Hospital-Dispensary in the Province. What was the deterrent? Just that which, with other difficulties, the International Homœopathic Council has set itself to do its best to amend—the lack of physicians to serve. This and some other homœopathic problems, internationalized, seem likely to be somewhat less forbidding than if taken as national perplexities only.

Of the technical proceedings of the Ghent delegates' assembly, the new personalities it brought to light, the unexpected facts it unearthed, the special lines of discussion harked back to again and again, these have been described in the Journals. But one consciousness impressed itself with increasing force as sitting succeeded sitting—the consciousness that Internationalism brought a new force and inspired a new hope for homœopathic progress, where previously force was lacking, and hope was like to that portrayed in Mr. Watts' great picture.

After the Ghent meeting, the first insistent call again came from Russia, where it is no secret that the tactics which drove Hahnemann from Leipsic are being adopted by the Russian Orthodox Medical Authorities. Last year, owing to the counter-pressure of Homœopathic forces in Russia—a counter-pressure to which the Council had the honour of contributing—the new potentially anti-Homœopathic Bill before the Duma lapsed, unfortunately not by majority vote. It was hoped that with this rebuff conciliatory tactics would be adopted by the Medical bureaucracy. But not so; again this year the Bill for the transference of Medical Control from the Duma to an Administrative Bureau has passed the crucial stage, and for the present the opponents of Homœopathy cry check!

Early this year a meeting of the adherents of Homœopathy in Russia was called in St. Petersburg, and the International Homœopathic Council was urged to lend to this meeting all the aid in its power. A large number of our illustrated pamphlets depicting the world's homœopathic institutions was sent over, and, by request, the Secretary, Dr. Petrie Hoyle,

was also commissioned as a personal deputation. The Institutional slides in the possession of the Council were shown at a brilliant gathering of State officials, Army officers and the *élite* of homœopathic adherents. The enthusiastic thanks of the Russian Congress were transmitted to the Council, and a substantial financial acknowledgment of the indebtedness of the Assembly accompanied. But in Russia public opinion is one thing, officialism quite another.

Our distinguished confrère writes : "The Duma Commission was not allowed to invite outside expert evidence, and the pressure was all and entirely that of Orthodox Bureaucratic Medicine. The new Pharmaceutical Code will be under the arbitrary administration of the Medical Council of the Ministry of the Interior—a deadly foe to Homœopathy. Our only hope now lies in the Council of State, which will scarcely allow so grave an injustice to be done."

So that the International Homœopathic Council still lives in hope that through the stiffening put into the Russian protest by its agency, our friends in that country may finally record counter-check ! But for the aid and inspiration of the International Homœopathic Council the Homœopathic opposition and protest would have collapsed at quite an early stage, if indeed formulated at all. That opposition and protest have been sufficiently powerful to make themselves known to the Council of State. And may our cause triumph, though as by fire !

The International Council has caused the wheels of Homœopathy to move in other parts of the Old World to some purpose. As was intimated in the letter read at the May meeting of the British Homœopathic Society, the Dutch Homœopathic Society has invited the International Council to hold its Session this year at the Hague in August. A public reception is arranged, and it is hoped that the Mayor of the Hague will be present, officially, with certain of his Councillors. Some official recognition of the Council's assembly will also be given by the authorities at Rotterdam.

The meeting of delegates will cover some three or

four days ; the delegates having already been appointed by the French, American, German, Swiss, Belgian, Russian, Italian and other Homœopathic Societies. I have to ask that not fewer than three nor more than five nominations be made by the British Homœopathic Society for visit and report. Three was the number of delegates appointed last year, and in addition there were professional visitors who attended the Council meetings, beside the officially appointed delegates.

This meeting is one of practically "all the talents." It represents the best brains of Homœopathy in the Old World and the New. Every delegate attends with the responsibility of representation on his shoulders, and the deliberations are accordingly weighty, judicious and many-sided. This High Court of Homœopathic Parliament demands, and will receive, the attendance and the support of those best able to internationalize the constructive forces of Homœopathy.

I have to ask that, as last year, the Secretary of this Society be empowered to receive and transmit any voluntary contributions, mostly of a guinea each, that may be sent to him. The Balance Sheet is submitted to each Annual Meeting of Delegates for approval.

A new arm has been forged by the Council, and one which promises to be of conspicuous service. With almost endless trouble, and by never taking no for an answer, the Secretary has acquired the photographs of most public Homœopathic Hospitals of the world, and also some account of the work done therein. In this quest various new and important facts have come to light, and the whole has been incorporated in a pamphlet which has been in great demand in various countries, chiefly as regards the illustrations. The text has been translated by the different nationalities applying for quantities *en masse*. Belgium, Denmark, Holland, Russia, Italy, Switzerland are among the countries which have appealed for the supply of illustrations, or of illustrations plus text, in batches ranging from 500 to 2,000. These countries subscribe according to a tariff for the literature they receive ; and the call for supply is manifold and increasing. A new

form is in course of preparation, with the text descriptive of the Institutions alone, plus the main statistics. The pamphlet, as it stands, combines some propagandistic matter with the Institutional and statistical accounts. This presentment appears to meet better the particular requirements of the majority of countries.

It came to the knowledge of the Council that Homœopathy in Bengal was passing through the fire. Communications were opened up with the Calcutta Homœopathic Society and a statement of the case was transmitted to the Council from Calcutta. As the Leipsic episode was planned to be repeated in Russia, so our own experiences with the Medical Act of 1858 have been reproduced in Bengal. In that vast province, with its white and dark races, the authorities decided recently to regularize and legalize the members of the Medical Profession. Registration was the method chosen ; a Bill to constitute a Medical Council was framed by the authorities, and needless to say on that Medical Council Homœopathy was not represented. A Medical Register was forthwith to be prepared of persons practising medicine, and whose fitness for registration was to be decided by Council regulations. Our colleagues in Bengal were thus between the upper and the nether millstone. The Council was an arbitrary body with no homœopathic representation thereon ; the practice of homœopathic medicine was no qualification for registration, and might conceivably have been made a disqualification. The Bengal Homœopathic Society took alarm, held meetings, and made representations to the Government of Bengal, asking :

- (1) For official homœopathic representation on the new Council ;
- (2) A specific assurance that the practice of Homœopathy should be no bar to registration ;
- (3) The deletion of the compulsory registration clause.

But our colleagues evidently had their doubts about official sympathies with a hard case, and the aid of the International Homœopathic Council was urgently

sought. A statement of the case, pointing out its analogy to the conditions precedent to our own Medical Acts of 1812 and 1858, and the successful action taken by Homœopaths at the latter crisis, was submitted to the Honorary Treasurer of the London Homœopathic Hospital, the Right Hon. the Earl of Donoughmore. With the statement two suggestions were incorporated: the first to safeguard the registration of our colleagues already engaged for a minimum period of three years in the Homœopathic practice of medicine; the second, that future registration include practitioners possessing diplomas and degrees legally qualifying them to practise in the countries where these were obtained. (It should be recalled that the best Indian practitioners possess foreign degrees.) His lordship, on the case, with the documentary evidence being submitted to him, brought the matter before the notice of the authorities responsible for Indian affairs in His Majesty's Government. In due course an official response was received to the effect that the views of the homœopaths had been fully considered by the Government in India, and, noting that the Act, as passed, did not appear to discriminate against homœopaths who possessed the qualifications prescribed, added that the view of the Bengal Government was that it was impossible to go any further in the direction of legislating for homœopathic practitioners in India until they have provided themselves with some definite standard of efficiency.

It is gratifying to know that the case of the homœopaths was fully represented in the Legislative Council. The best thanks of the International Homœopathic Council are due to his Lordship for his kindness in conveying their representations, and this Council is now in communication with the Bengal Homœopathic Society as to the further necessary measures to provide "a definite standard of efficiency."

The International Homœopathic Council has received the special thanks of the Bengal Homœopathic Society for its timely advice and action.

Among the matters deliberated on by the Ghent Council meeting was, naturally, the imperious necessity

for more homœopathic physicians. Of the various ways to meet this deficiency, it was recommended that facilities for homœopathic education should be increased; and that London, with its great homœopathic clinical resources, should be concentrated upon as the head centre for post-graduate education. Accordingly, at the instance of the Council, two Russian physicians, Dr. Serkoff and Dr. Adrianoff, came over to London, the former remaining a month, the latter taking a prolonged course of six months at this hospital. Dr. Adrianoff concludes his residence here and returns to Moscow this week. After this experimental procedure we desire to develop this plan in increasing measure, and to urge on all the countries represented at the Hague to send their neophytes for entrance to Homœopathy through the ever-open portal of the London Homœopathic Hospital.

To make London the growing centre of the European Homœopathic education is to utilize the Honyman-Gillespie and other courses to a practicable and desirable extent; and it is hoped and expected that a considerable International stimulus will be given to the activities of the London Homœopathic Hospital as a teaching centre.

Endless endeavours have been made by the Council's Executive this year to obtain a series of accurate, verifiable and fairly recent statistics of the issues of the work at the various Homœopathic Institutions of the world. This would be a very useful mass of information, and, like a cinematograph to a surgeon, would at once reveal their strong and weak points to themselves. A great deal of most valuable statistical information has been obtained, chiefly from America, and largely obtained from the official Government publications of the State-subsidized Institutions there. It is most interesting reading, and as the quantity increases, the Council will publish the statistically verifiable facts in an issue which will rejoice Homœopaths, and probably attract a good deal of administrative attention.

The assembly of the International Homœopathic Council at the Hague on August 6th, 7th, 8th and 9th

will be one of unusual and extraordinary interest. Not only because for the first time Holland is coming into line with the Homœopathy that has for its motto "Advance," nor because of the unparalleled attraction of the Hague as a city of artistic distinction and pelagic outlook, but in chief because all over the European and American world faces are turned toward that famous city of assemblies, and men of all races and climes are being drawn together there by the inspiring word "Homœopathy." The struggle for homœopathic progress is here planned on the largest scale; tedious journeys by land and by sea are welcomed as joyful preliminaries to the session, and the consciousness of meeting with one accord for the progress of Homœopathy will act like a flame on the enthusiasm of the International Meeting.

HOMŒOPATHY IN THE SALVATION ARMY.

By DR. MARGARET TYLER.

I MUST confess that I have always had a feeling of distrust and distaste in regard to the Salvation Army. In this life there are things that attract, and there are things that repel: with the Salvation Army it was always a case of "the wrong end of the magnet." The feeling was born of ignorance; for really all that I knew of these people was that they held forth at street corners in terms that did not appeal to me, and that, I believed (rightly or wrongly), savoured of blasphemy. A Sunday School child once told me that her sister had joined the Salvation Army, and was to "have a bonnet, and a tambourine with jingles." *A bonnet and a tambourine with jingles* was about what the Salvation Army meant for me.

Then a word from Dr. Borland as to his connection with the "Army" roused my curiosity, and made me ask him to take me to see "his Salvation Army Homes." He readily consented, and I spent a wonderful morning speeding from Home to Home, and learning what Faith, Hope and Charity can achieve when they take the shape of cleanliness, order, pitifulness, practical Christianity, and commonsense. For

I never saw anything more simple and unpretentious, more clean, more orderly and peaceful than these homes of Rescue for the Perishing.

He took me first to "Cotland," where thirty-five babies find shelter and care, besides mothers and mothers-to-be. "Cotland" thoroughly deserves its name, for it is just cots everywhere. In the day-room—the room for winter and bad weather, there are simply rows and rows of white iron cots, empty to-day, for the sun is shining. In the garden, crowded into the shade, cots again, wicker cots, and all full. Some of these poor babes are terrible specimens : at least ten per cent. are syphilitics. Upstairs, in every room, cots again ; a cot to each bed ; for the mothers have the care of their babies by night. During the day the girls are busy at work, training for a fresh start in life, and the children are washed, dressed and tended by the staff ; except that the mothers feed them. These babes vary in age from three weeks to two-and-a-half years. As soon as they are well enough, they are sent off to relations, or to "nurse-mothers." The "nurse-mothers" get five shillings a week, but the babies are still kept under supervision by "The Army," and have to be properly cared for. The real mothers, if suitable, are trained for domestic service ; if unsuitable they are sent back to their friends ; but the Salvation Army keeps a kindly eye on them for at least two years ; and after that tries to "keep in touch with them for ever." They are encouraged to come back ; any of the girls can come to the Home for tea on Sunday afternoons, the only condition being that she must go to a place of worship afterwards—to Church or Chapel, or to a Salvation Army Meeting. On an average 100 girls come back to tea at "Cotland" every Sunday afternoon—this means a great deal of work and arrangement. During the Congress lately, 250 girls on an average came to tea here every Sunday.

These Homes are no places for helping vice, they are Rescue Homes only for the unfortunate, the ignorant and the foolish. The girls are only taken for a first pregnancy. They are admitted to "Cotland" and stay till their confinement is due, when they are passed

on to the Maternity Hospital. Here they are kept for about three weeks, then drafted back to the Home till they can be trained and provided for. There is plenty of labour available ; and if cleanliness is next to Godliness, "Cotland" is not so far from the Kingdom of Heaven. Anyway, it is making a good bid to be one of its Gates !

As you go round, all is so inexpressibly peaceful. There is no fuss, no bustle, no apparent effort. Everything seems *to have been done*. The organization must be very perfect. These Salvationists remind one of a hive of busy, homely bees. A young girl with superfluous energies, and a craze for doing something and attempting to shape the world by strenuousness, would do better as a Hallelujah Lass than as a suffragette !

Next he took me to "The Nest," a rescue-home for little girls. Their ages vary from three years to about sixteen ; for they keep them till past the school age. Just now Dr. Borland has fifty of these poor little creatures under his care. They are taken from appalling circumstances ; ill-treated children, all of them ; mere frightened animals ; children who have been assaulted, often by their parents. Here in the "Nest" they are cared for and kept, put right, trained, mostly as domestic servants. They used to be schooled in the Home, but now most of them go to a local girls' school ; but a few of the worst are still taught in "The Nest," as they are not yet fit to be sent out. This Home is vegetarian entirely. Most of these children turn out well, and become useful members of Society. It was school time, but we saw a few of the children under the trees in the garden. Here again, in "The Nest," as in "Cotland," and in all these Salvation Army Homes, order, cleanliness and peace reign.

Next he took me to "Lorne House," another Rescue Home on the lines of "Cotland," but for girls *under eighteen years of age*. Here he has "ten kids only." "Lorne House" was gifted to the Salvation Army by the Princess Louise, Duchess of Argyle. She started it, and ran it herself for a time ; then finding it more than she could manage, she let the Salvation Army run it

for her ; and when she saw that it was doing well, she finally handed it over entirely to them. There is a beautiful old oak dining-table here, one of her legacies. "Lorne House" is run on precisely the same lines as "Cotland."

Next we went to "Brent House," where there is accommodation for "twenty kids" and their mothers. "Brent House" takes a worse type of girls than those at "Cotland"; girls of a lower class and more debased. All these Homes are run on precisely the same lines, by the same wise, and cleanly and methodical spirit; and there is one regulation that obtains in all of them, that they never take a girl for a second pregnancy. They are no help for vice.

We went next to the Maternity Hospital, of which Dr. Borland is Assistant Medical Officer, and where he has been recently in sole charge. This is one of the finest and most up-to-date Maternity Hospitals in London. It is built in four bungalow blocks, with a fifth, the isolation block; and these are all open now. It has already accommodation for fifty patients; when completed as designed, the Hospital will have accommodation for 150. There are arrangements by which one block can be kept for Jewesses.

This Maternity Hospital takes not only the girls from the Rescue Homes, but it also receives poor women from the district—just ordinary maternity cases. It is also a training school for the C M.B., and has always at least twenty pupils under tuition. Eventually when in full swing, any gynaecology needed will be able to be done in the hospital.

And here again, in the Salvation Army Maternity Hospital, everything is practical to perfection. The administration is masterly; the sterilization is perfect; and everything is orderly and spotlessly clean. The only blot is the kitchen—if a blaze can be called a blot! But that kitchen is a dreadful place. A kitchen with never a window, but a skylight through which the sun blazes is a preparation surely for a warmer hereafter than these good souls are likely to attain to. Anyway, they are "having it in this life!"

Lastly, I was taken to the Inebriates Home,

" Hillsborough House." This establishment is run on strictly vegetarian lines. Any woman inebriate can be taken in here, to pay according to her circumstances. Drug cases are taken as well—"any case on these lines." All the patients are required to promise, before admission, to stay for two years. They are never allowed out alone, at all events for the first six months ; but they are taken to meetings. If any case previously treated in the Home comes back later to the door, of her own accord, and asks for help, she is always admitted.

Here Dr. Borland has twenty patients. Some are pretty nearly insane when admitted. He finds two drugs of inestimable service—*Nux* and *Ign.* As soon as these poor creatures are over the first violent stage (for which they may require *Belladonna* or *Stramonium*) they become lachrymose and here *Ignatia* helps them. This stage is succeeded by appalling depression, when they are costive, have no appetite, are chilly and shivering, and here *Nux* comes to the rescue. Of course there are a few that need *Lachesis* or other odd drugs ; the *Lach.* cases are mostly menopausal.

I wish I had made all this half as interesting as it was made for me. My impression was that Dr. Borland was very happy in having such opportunities for good work and magnificent experience ; and that the Salvation Army were very happy in having Homœopathy and—Dr. Borland. This is evidently the idea of these pre-eminently practical people ; for he started with the charge of two Homes only and already all this has been added to him, *viz.*, the care of all the Salvation Army Homes in Clapton. It is a great opening. May the work prosper—the work of the Divine Healer of sick souls—and bodies !

LONDON MISSIONARY SCHOOL OF MEDICINE ELEVENTH ANNUAL MEETING.

THE Annual Meeting of this School was held on the 26th of June, at the London Homœopathic Hospital. The Board Room was well filled by an interested and enthusiastic company, assembled to hear further

accounts of the work of the students in uncivilized or partially-civilized countries. The President was supported on the platform by Professor Beresford Pite, H. B. Bilbrough, Esq., Dr. Vincent Green, etc. In the audience were representatives of many Missionary Societies.

The London Missionary School of Medicine is drawing to the close of its Eleventh Session. Twenty-four students have been registered. Seven took the full course ; three two terms ; and ten one term only. Two took the single subject of Dentistry and two others came for short periods only. Five students have already had experience in the foreign mission field, and so felt the *need* of some medical training ; one, Mr. Kendrick, had previously been with us in 1909. Since that time he has been at work at Abaco, Bahamas, where he has done useful work, carrying on a busy Dispensary. Being home on furlough, he decided to improve his medical and surgical knowledge. We are always pleased to welcome old students at the Hospital. After a period in the mission field they are able to judge what branch of work is specially useful to them.

The five students who have already been missionaries abroad were representatives of the Zenana Bible Medical Mission in India, North African Mission, Morocco, and the Baptist Missionary Society, China, while two had been in Africa with the Angola Evangelical Mission. The Societies with whom the students have gone or are hoping shortly to go out for the first time are the China Inland Mission, the Welsh Presbyterian, the Evangelical Union of South America, the Central Asian Mission, the Brethren, the Church Missionary Society, the Strict Baptist Mission, and the Africa Inland Mission.

Through the kindness and generosity of various friends, we have been able to offer to five students free training for long or short periods. To all these friends we wish publicly to offer our grateful thanks and the thanks of the students who have benefited by their gifts.

Unfortunately the expenditure has again considerably exceeded the current income. If it were

realized by Missionary Societies or by their individual supporters that money spent on the medical training was a true economy, the anxiety of the Council as to ways and means would be at once relieved.

During this year we have had the pleasure of adding Professor Beresford Pite's name to the list of our Vice-Presidents. In the course of the past year we have had the misfortune to lose by death several of our annual subscribers. We should be grateful if friends present would endeavour to find some new subscribers. We have no clerks or speakers to canvass for us, and are dependent on the sympathy and support of the friends of the students and of the hospital who come to our annual meetings. An account of the history and work of the School can be had at the doors by anyone who will be good enough to pass it on in the interest of the School.

The Executive Committee are endeavouring to arrange for instruction in Tropical Diseases and Hygiene to be given in each of the three Terms of the Session. At first those subjects were only taught in the second term; latterly a course of lectures on Tropical therapeutics has been given in the third term. If we are able to provide a course in the autumn, no student need miss this important subject, even if only with us for one term.

We still have to regret that so few students take the whole Session's tuition. Though we admit that one term, or even one subject, is better than nothing at all, there can be no doubt that three terms are at least six times as good as one.

We are increasingly convinced of the real need for the training we give. Since the last annual meeting a band of seven missionaries left these shores in October last in connection with a small Mission in Central Africa. Of that number six contracted enteric fever before the end of the year, and one of the number died. Now enteric (typhoid) fever is one of the preventable diseases; I believe none of these six missionaries had had any medical training. We heard last year that sixty per cent. of deaths in the foreign field are preventable.

It is the mission of this School to reduce this mortality and we believe that a Session spent here is one of the best ways of bringing about this reduction.

It is the constant aim of the Executive to render the teaching more thorough and at the same time more practical and more readily capable of application by the student in foreign service.

The Committee wish again to express most cordially their thanks to all the members of the teaching staff for the trouble they have taken with the students, and also to thank very warmly the Matron, Sisters, and Nurses for their sympathetic co-operation.

MR. STUART HOLDEN said:—

“ It is a very great pleasure to me as President of the School to welcome to this meeting the friends and supporters and sympathizers. As you have already heard from the Report, the work of the School has been going on at such pressure as has been possible during the past year. I make that remark because I would like to emphasize the desirability of our students taking the full course. It is not always possible for us to work at full pressure because they are only able to come for a part, and while it is better to gain instruction in one subject than to be totally ignorant, all feel three terms is all too short to impart the elements of medicine we should be glad for our missionaries to have. I am going to speak on two heads. Firstly I should like to say something about our aim, and secondly something about our accomplishment. Our aim has already been stated in the Report. It is to do something, very slight, of real value towards the equipment and qualification of students for the mission field. The ideal we set before us is so to influence those on the Boards who have to do with the responsible work of selecting and preparing missionaries, so to influence them that no missionary goes out without some knowledge of how to take care of his own health and to help others needing any such care. Personally, as one who has to do that—I am on one or two Boards who send out Missionaries—I feel that we are guilty of something almost criminal if we are sending young people out without telling them anything of the

mysteries and secrets of the human body, a knowledge of which would save them to work for the Kingdom of God. Our aim is to add to the qualifications of every missionary who will give us the opportunity of ministering to him. So long as it pleases God to use 'earthen vessels,' those 'earthen vessels' ought to take care themselves. The great Duke of Wellington, I think it was the Duke of Wellington, who gave this piece of advice—he didn't usually give advice, he was more used to giving commands, but on the eve of one of his campaigns he said: 'Be very careless about your life, but be very careful about your health.' Fling your life away, do anything with it, but be very careful of your health so long as you have it. That is the counsel I give, not in those words, to the missionaries. Be absolutely reckless about your life, its sacrifice may be its greatest crown, but be very careful about your health so long as you have life. It is better to work to the end of the day than to be invalidated long before you have done the march. Therefore, our aim is to teach missionaries how to look after themselves, to conserve their strength, to minister to themselves at the commencement of what might be a very serious illness, and so to become very effective servants of Jesus Christ. That is not our only aim! So long as sin and disease afflict human families, so long will those who go forth have to give some ministry of healing. We don't pretend to turn out medical missionaries; we have no wish to supersede medical missions, but I suppose that all here are aware that there can only be at any time a limited number of positions for the fully qualified doctor. There are only a certain number of hospitals in the mission field, and only a certain number of posts. Those are well filled by qualified men and women. But the call of the land of darkness is for ministers of Christ who can minister both to body and soul. So great, so far-reaching is that call of the sacred voice of Christianity in our lands, that we can never respond fully to it, so we aim at sending out those from this School with the necessary skill to administer to the bodily ailments of those who need them, firstly, as Christ's servants. It is our aim

that the healing of the body shall be, as with our Lord Himself, a mere prelude to the healing of the soul, a wedge put under the door which is only slightly opened to open it further ; and doubtless we shall hear of the advantage which the training has been to them in this respect and to the success God has given them as they put into practice the lessons they have learned in classroom and ward. That is one of the aims of this School. It is written that the man of God should be thoroughly furnished unto all good works, and we give God glory to-day for having given us a School of Medicine, for the privilege of another year's work as ministers, and another year of stewardship in this respect.

"A word or two of our work and our results. We seek to compass immeasurable things. Things which cannot be calculated. Figures give little impression of the real work, yet I take it that it is quite fair to accept as samples of what is being done by the students that which we shall hear this afternoon. There is a great mass of unrecorded work, which must remain for ever and ever unrecorded, and we may mentally multiply that which we shall hear from the speakers to-day, and thus give God thanks for all the use He has condescended to make of the work done here from day to day. This place is the place where a great river rises and it is not too much to apply to that river the words of the Book which declares everything lives wherever that river goes. It has been a busy year for students who read here. I come into touch with some of them and know something of their appreciation and diligent application to work. Nor does it all come easy. In the nature of things they lack much of the usual foundation for mental instruction, and this makes it difficult for them to grasp with quickness and tenacity those things the lectures and teachers present before them. One thing that convinces me of the necessity and usefulness of the work is that something appears to inspire them. I have never met an unenthusiastic student of the School, never. Not a few of my own young people who have gone out to the mission field have been students here ; their enthusiasm for the work,

for the place of their education, and their gratitude for those who have helped so generously—doctors, nurses and all concerned—are among the best memories I have in sending them to the field. The work is undertaken with purpose and prayer, and the Report speaks in general terms of that which would be of very deep and lasting interest were it possible to know it in detail. So much for the aim, and now something about its accomplishment.

"We shall hear this afternoon what is the need for this work, from the point of view of one who will shortly address you—a missionary who lacks this training. We shall hear from some what it does mean to those who have undertaken missionary service. I should very much like, as President, to add a note of thanks, to add my own personal gratitude to all who make the carrying on of this school possible, to the authorities of this great hospital. I venture to say it is the only great hospital in the world which opens its doors freely to non-medical men and missionaries. It is the greatest and most powerful argument to Homœopathy that it does this for foreign missions. I should like to thank the members of the medical staff, without whose co-operation and generosity this work would come to a standstill, the nurses, the sisters, the matron, who make the work of the students as happy as possible. I cannot be personally too grateful to them, and I know the gratitude all feel.

"One other thing. At the close of the meeting friends are invited to the lecture room, where there is an exhibit of anatomical and other teaching models on view such as are used day by day in the work of the School, and which cannot fail to interest every one of us.

"And now I am going to ask Mr. Roberts, who is home from Argentine, and who is himself untrained, from this point of view, to speak of the need of a School like this."

MR. ROBERTS :—

"Mr. Stuart Holden, Gentlemen, dear friends,—I come from the second greatest republic of the great continent of South America. This is represented as the most advanced, the most civilized of all republics of that great

continent, and I desire to point out to you that there, in the Argentine, we have a number of cities and towns having some very accomplished medical men, but at the same time we should bear in mind that the Argentine is no less than ten times larger than the British Isles, so that it is not at all difficult to imagine that in some parts of that great republic things would still be very primitive. There are some parts, indeed, where up to the present time medical men are conspicuous by their absence, in other parts you come across some I would classify as of the mediocre type, and others who are really able and accomplished doctors. I have been living for the last eighteen years in regions where we have had doctors of a kind, and really my aim this afternoon will be to show you the necessity of a missionary receiving some medical training, even when going to a part where there are doctors of a kind, as in this great republic of South America. I am going to give a few instances in chronological order.

"I remember at one station, where I had an opportunity of going around visiting at houses (for we make a point of getting to every house if possible to invite people along to meetings), and as I was going around the town one day I discovered a man, a member of our congregation, lying on a miserable bed in the most wretched and anti-hygienic room, and I learnt that he was feeling very ill, and I thought, 'Well, I should like to help you, and certainly I cannot leave you here'; so I told him I was going to have him taken round to our house. I little after I discovered he was suffering from measles. I should not have brought him home thus if I had received some medical training. I should have discovered he was suffering from measles, for remember we had a day school of fifty or sixty children, and that had to be closed for three weeks; it was a loss to us financially, and took a great deal of time. But I was pleased to be able to render my friend a little assistance in the way of nursing him. I do not wish to sing my own praises, but I have been told by more than one doctor that I am a pretty good nurse. There is an instance of the need of receiving some medical training.

"From that part I went further into the heart of Patagonia, following in the footsteps of Alan Gardiner. Well, down there my little daughter, who was just seven months old, was very ill. We had in the town an Indian doctor and another. Well, the Indian doctor I did not care about calling in, so went to the other man, and said first of all, because I had not much confidence in him, 'Sir,' I said, 'do you understand babies?' 'What do you mean?' he said. 'Well,' I said, 'I have got my little baby ill, can you come and see her?' He came along and looked at the baby, and said it had—I cannot remember all your medical terms—such-and-such a thing and told us to do this and that and the other, and it would be all right. Well, we carried out his orders, but instead of getting better the baby was getting worse, and he came in a little later and said, 'No, I don't think the child had what I said before, it has something else, you had better do this and that and the other,' and then he left the house, and I said to my wife, 'I know more about medicine,' and then he came back, and said: 'No, on second thoughts, you had better not do that, leave it for the time being.' Listen, friends, I went north with that little child still ill, and while I was away I received bad news, she was getting worse, and my wife asked the man to come and look at the child again, and he said: 'The child has infantile paralysis.' My wife said, 'Do you think I should send for my husband?' and he said, 'No, it may live twelve months yet.' But I assure you, if you saw my little daughter to-day, she is nearly four years old, you would not think she had infantile paralysis. I tell you this, because I know as much as that man knew; he knew more about whiskey than medicine, and if I had had medical preparation I should not have called in that man at all about my child. A little later my eldest boy fell out of bed and fractured and dislocated his elbow. I am sorry to confess my ignorance as to what had happened, but I did not know. I wished that time, as at other times, that I had had some training even in first-aid. It might have been of use to me to

my boy. This happened about half-past one in the morning. I did not know the native doctor and thought I would wait till dawn. In two hours I made my way to the doctor's house, rapped at the door, and waited, and at last the doctor appeared at the window. He spoke to me through the window, and I told him what had happened. 'What is the matter, what is the matter?' he said. 'That is what I want you to tell me,' I answered. 'Well,' he said, 'if I come to-night I shall want fifty dollars,' and I said, 'I am not come to argue what I am going to pay, if you can help him.' To show you the kind of men in different parts of that great republic, he could have come, he was only three minutes away, but he did not turn up for seven hours, and when he came he made a bad job of it. I wish I had seen some training. My boy is in College to-day, and still with a deformed arm. One other instance. We make a point, as I have intimated, of visiting all the houses possible and of inviting people to the different meetings, and we go to those who are well-to-do as well as to the poorest, and I remember going to the house of a poor native, a miserable shanty: they had several children, one was a girl about ten years of age. Some came to our children's meeting. This little girl of ten on one occasion in camp was carrying a paraffin lamp, and lit a match and set on fire the lamp, and was burnt all about the lower part of her body and legs; and the same doctor treated her as treated my boy and in such an incompetent way, for the attention given to that little child was far from what it ought to have been; indeed, being poor people, he was little concerned about them. My wife and I did what we could, and I assure you, if I had had the confidence which comes from knowledge I would have attended to that child myself, and I feel positive, if I had had training such as is given in this place, I could have helped that child so that she would have been alive to-day, but that little one passed away. She was absolutely uncared for, even by her own parents.

"This has shown you the need of receiving medical training even when going to a part where there are

doctors. How much more is the need for receiving medical training in the benighted regions where there are cannibals and savages. My dear friends, I should like to thank you for helping this School of Medicine, and ask that when you go forth from here you will feel persuaded to do something more to render this glorious work of training more and more possible that the foreign field may be benefited thereby."

The President then called upon Dr. Neatby, who made a few introductory remarks, and read extracts from three or four letters he had received from missionaries, bearing testimony to the value of their training at the Hospital.

He said it was not always possible to furnish dramatic recitals of the work done by the students. They did a large amount of routine, medical and surgical work of an unsensational type, and found it difficult from the mass of cases to select those with salient and interesting features. They could not get up a Revolution in China or an inter-tribal feud on the Congo for the sake of supplying thrilling incidents at our Annual Meeting.

Miss ELLIOTT from India.—“The medical department claimed by far the largest part of my attention this month. I have never known so severe an epidemic of fever here before. Several mornings we have treated over a hundred patients, and often we have requests for medicine for five or six persons in one family. Since April 11th to May 13th about 1,730 persons have been treated.

“A woman came this morning asking for fever medicine for her sister.

“‘Why have you not brought her with you?’ I asked.

“‘She is too ill, and has not the strength to walk.’

“‘How old is she? Is she a married woman?’

“‘No, not married yet.’

“‘How many years is it since she was born?’

“‘How should I know? I haven’t any learning.’

“‘How big is she? Is she a grown-up woman?’

“‘She is as tall as that, or that, or that,’ indicating

measurements varying from about two to six feet from the ground.

“ ‘ Well, is she old enough to walk and talk.’

“ ‘ Oh, yes, she can talk.’

“ ‘ Have her first teeth fallen out yet ? ’

“ ‘ No, not yet.’

“ ‘ Would she be about six years old ? ’

“ ‘ I cannot say ; you know best.’

“ ‘ Well, I will give you medicine for a child six years old, and next time do not fail to bring your sister with you, as I cannot give medicine unless I know the correct age.’”

“ This is not a singular case. Often a dozen questions or more are necessary before we can elicit one small fact, and when twenty or thirty women are outside clamouring for attention it requires no small amount of the grace of patience to preserve an unruffled temper and to enquire thoroughly and find out all the particulars of the case.

“ O. M. ELLIOTT.”

The value of Miss Elliott’s dispensary work may be gathered from the following extract from her official letter of February last to the L.Z.A. Committee :—

“ The dispensary work still continues to be appreciated, about 730 patients having been in attendance this month. I have often been surprised at the long distances some will walk to visit our small establishment when other well-equipped hospitals with qualified doctors are much nearer at hand. Last week one poor woman trudged three miles with her sick mother on her back to get a bottle of cough mixture. Another poor soul walked from a village about six miles out and fainted from fatigue just before reaching the dispensary. One day this month I was called out to visit a case where a woman had been run over. She was very much bruised and wounded, but happily no bones were broken, and she is now doing well. The dispensary work is gradually becoming quite a large item in the day’s duties.”

S. B. M. Herald, April, 1914.

From MISS HUBBARD, Morocco, June, 1914 : “ I have been at work five months now, and among the

folks coming to our little dispensary I have had 233 dental patients, of which number about seventy were extractions. A good many of the others *ought* to have been extractions, but we can't make folks have their teeth out, and other things I brought for relieving pain are so much in favour, that women come constantly to have something put into the bad tooth, but they decline to part with it, however bad it may be! As to extractions, they all decide that my hand is much more gentle and my forceps much nicer than those of the native barber, who is the only dentist for the poor folk here, so more and more are coming as it gets known that I brought such forceps from my country.

"It was not a dental patient, but I was able to help a woman the other day with a dislocated jaw, through the dentistry lessons I had at the L.M.S.M. Three days before the woman came to me she had yawned too vigorously and had not been able to close her mouth since. She had neither spoken or eaten for the three days, so was in great distress and then she came to us, as rubbing, anointing with water from saints' places, etc., etc., had done her no good. Happily for me—and for her—the jaw went to place very easily, but she and her neighbours thought it wonderful!

"Of the value of the few weeks I had at the L.M.S.M. I cannot speak, for I have proved them to have been beyond value. I often say a pair of forceps seems to be a very good magnet for drawing folk to the house to hear the Gospel, which after all is our chief aim. I am only sorry I did not go in for the full course of lessons years ago, and as to the dentistry work here, I am thoroughly enjoying it! Praying that you may be helped in all the work you are doing in making missionaries better able to help these helpless ones,

"Yours sincerely."

The PRESIDENT then called on the Rev. George Sears, from Peru, to address the meeting.

MR. SEARS.—"Dear Friends, it is a great pleasure to be able to testify to the usefulness of the course I have received here. It has broken down prejudice, and doors have been opened through the help we have

been able to give. It is also very useful in one's own home, in one's own health. It is of great value to missionaries and to the poor folk we help, and by helping one to speak of the love of God on the missionary field it is better than having an ordinary scientific doctor. In my personal experience surgical work has been very little possible except for stitching up wounds caused by knives or stones, extractions of thorns in the legs of Indians ; and then too, perhaps rather strangely the surgical work is more useful in veterinary cases. For some three years my wife and I had a farm, and among the animals wounds from horns and such things were frequent, and I was able to use my surgical instruments in treating them. Dental work has always had a large place, and if you knew something of the ordinary methods of the dentists of the country you would realize why. They have a peculiar way in Peru. The dentist first cuts the gum, then with great preparation puts on an instrument, tightens it up against the crown and then the extraction begins and the crown is cut off, the stumps being left. Then they come to us for the stumps to be taken out and are quite satisfied. We have the reputation of knowing how to take out teeth painlessly, and when patients come to us they learn that Protestants are not such bad people as they are told they are by the priests. One's medical work has always been extensive and proved the value of our medicines, and although patients complain about the quantity being so little, when they find that the medicine is working a cure they know it must be adequate. On one occasion we had, in the village close to where we were living, a better class house where a very fanatical priest was a constant visitor, the Protestants were not allowed near the house. As in all cases, God hears our prayers, and when on one occasion they fell sick the people in the village could do nothing and we were asked to call. We went down and found a young woman in a very serious condition with pneumonia. To calm her we gave her *Aconite* and afterwards *Bryonia*, and the woman began to get better, but on Sunday she began to get worse and they sent for me again—and I found that instead of being

ill through disease she was ill through fear. They have a strange superstition that if a person is sick on the seventh day of the month and that day is a Sunday, that patient will die. The woman had been told this that morning, and it being the seventh and a Sunday, she made up her mind she was going to die, so out of pure fear she was getting worse. I spent an hour or two with her calming her mind and showing her her life was not in the hands of superstitions, but in the hands of God, then I gave her medicine and assured her that she would certainly get better, and sure enough on the Monday she was better and by the end of the week had almost recovered, and ever afterwards when sickness occurred in that house or village we were recommended. One child in another house got scarlet fever and was cured, and that household became one of our truest and best friends in the whole neighbourhood. Then, too, during the time we were living on that Indian farm and much of our time was taken up in curing Indians, the children responded well, and through these cures people learnt to respect us because of our knowledge' and to love us. Many cases among the Indians themselves proved the effectiveness of our medicines and nursing-care. In the case of a girl with Bright's disease, the local doctor went to see her and said she could only live six weeks. The girl had been our servant, and we were determined to relieve her pain and try to make things easier. We went to see her and found her an awful picture, dropsical from head to foot, her eyes closed so that she could not see. We made inquiries and found the woman, instead of giving anything helpful, was giving her the white of egg. That we stopped, and took the girl to our own home and for a fortnight or three weeks treated her with *Apis Mellifica*, and we soon found the eyes beginning to open and the swelling going down. In about a fortnight the water all went and the woman became 'a skeleton.' Then I left the woman to my wife, and by the end of three months she was as strong and hearty as she could be. In a case of that description I give all the credit to the gentlemen in this hospital who gave the training, enabling us to treat

such cases, and I give my testimony to the training I received, and hope in October to come back for four more months."

MISS HOWLETT.—“Dear Friends, It is a very great pleasure to be here this afternoon, because I feel I owe a deep debt of gratitude to the London Missionary School of Medicine. When at home last time I had an opportunity of coming here for a term or two of training, I could not manage the whole course. When I went back to India I used the knowledge for the people of my own compound, and the news spread. I saw the deep need of the purdah women and knew they had no medical help, so I told them if they would send we would supply them with medicine. THE MEDICAL WORK MUST NOT INTERFERE WITH OTHER WORK, so I set aside the afternoon and very soon quite a little number would come, first by twos and threes, and then the numbers began to increase, and at the end of two years Miss Walker, who also had had a course here, joined me and she helped. Every afternoon we had a little group of patients waiting for medicine. Presently the number increased and we felt the need of some place to attend properly to them, our friends urged us to build a dispensary, and I said we must get the money. We made it a matter of prayer, and my friends helped us again, and we were able to build a little room and in some way we were supplied with money for medicines, etc., for the dispensary work. We had 1,400 attendances last year. We have done this work in addition to other missionary work, so you will realize we have not much time to write to tell people about our work and what we are doing. Last year the rains failed and as a result there was an outbreak of cholera. Several sent or came for medicine. One day in the afternoon, just as I was coming from the Dispensary, a young man came with a carriage to say a patient was very ill. We make it a rule not to go to any house to visit medically unless the patient is too ill to come to us, but on making enquiries we felt the woman was too ill and went with the young fellow. When there was special need we felt we always had special help,

and when we had to go out, in a wonderful way, only a few patients would come, and we felt God arranged these matters for us. As I entered I could hear the woman screaming. Everyone was in commotion. I went in and found the patient screaming with agony and rolling in pain, begging me, "Do save me, Do save me." I tried to quiet her, told her Brahma would not help her, that her life was in the hand of God. So first of all, we had a simple prayer, and then homœopathic medicine, which gave her some relief, and then hot fomentations and hot cotton wool and hot drinks, and after about half an hour the pains were less severe, her screams ceased, and she began to be easy. We left more medicine, and at the end of an hour and a half we were away. They came in the evening and said she was getting on very well. Next night, I had just finished dinner when they came and said there were two more cases, would I go? We both went. Another member of the family was taken ill. We gave medicine. Then the next day, coming back from work, a man came and begged me to go to another house where a woman was very ill. They had heard about the other cases. I gave her *Veratrum alb.* to start with, and they came in the evening and said she was better, but she grew worse in the night and I went again in the morning. When I examined her I felt there was very little hope left. To my utter astonishment Miss Walker said "Try *Carbo. Veg.* and stimulant." She was almost unconscious, but we managed to get the medicine down and then proceeded with treatment, and she, too, recovered. She was the second wife of the man. He had lost his first by cholera, and the gratitude of these people I cannot tell you. We try to lead them to God, and afterwards I tell them their gratitude must be given to God, and the man said 'It is wonderful. I will serve Christ the best I can.' I could tell you of many other cases. How some hitherto opposed to us heard of our medical work and asked us to come in the time of need, and ever afterwards their houses were opened to us as they would not have been in any other way. The death rate for children in Kurja is over 50 per cent. and the reason for

this is that the purdah, the high-class women, cannot come to the hospital for men, and the children have very improper treatment and so frequently they die, and often women come to me and place their babies at my feet, and have said, 'Miss Sahib, this is the last of five, six, or seven, if you can, help us'; and if the little one has recovered, the joy—I cannot tell you. Sometimes it means much more than the loss of a child, as the husbands say they will take another wife. Another case: an old woman covered with the most horrible sores came. The odour was so great that the other patients would not have her near them, and that means a great deal, for there are much worse smells in India than at home. I looked at the woman and hoped Miss Walker would finish first, but the patient fell to my share. It was a terrible case; one of the Bible women even said, 'It is too much, oh, leave it Miss Sahib, you cannot stand this.' Well, first we washed the sores and then put on dressings, and the next day she came and said she had no pain. She had not been able to sleep for months properly. I cannot tell you the state of that woman, yet she had been able to sleep for some hours that night. At the end of a fortnight the sores were practically healed. Her gratitude was very great, she told me I was her mother—she was an old woman and I had no wish to claim the relationship, but that is a way of expressing gratitude, they will say you are my mother, or sister, or this child belongs to you. I do just want to say that the medical work has been a tremendous help in our missionary work; when visiting in the villages it has given us such a ready entrance. Last year we had patients from over 100 villages, some from very far off, and by going to the dispensary they got healing of the body and heard of Him who could save them from sin. I remember the case of a girl who came thirty-six miles with her mother, she could not manage to walk and was brought to me; she was unable to speak and could not describe her condition, but we gathered from what we observed that she had sciatica very badly. She was under treatment some weeks, and at the end of the time she could walk as well as anyone. People would not believe she was

the same girl, so helpless and miserable. When this woman went back they told others about us, and when people realize the work is done for love of Jesus they say, ' Their religion must be better than ours, we would not care to do for our friends the things they are doing for us.' "

PROFESSOR BERESFORD PITE :—

" Mr. President, Ladies and Gentlemen. It is no small pleasure and no small privilege which has fallen to my lot this afternoon. My association with this hospital is historic. I was the first member of my family to be treated homœopathically almost forty years ago, and with such success that my late dear father was shortly after appointed a Trustee of the Hospital, so I need no conversion like some. I am here with something more than conviction, I am here with whatever health I possess to testify to the fundamental comfort of Homœopathy. Forty years ago not the least comfort was the extreme contrast between the medicines of the old school—I am telling you no secret if I indicate that part of the popularity and success which attended this School of Medicine was due to the extreme portability of homœopathic medicines, and the ease with which children could be induced to take them. This has assisted in no small means to the success of the work of this sort. I would like to emphasize what the president has said about the peculiar position of this hospital with regard to missionary work. Perhaps it is because homœopaths have had to fight for their own hospital in the medical world they have acquired sympathy toward all men, but there is a largeness of heart about Homœopathy which is very well illustrated in the open door which this very important institution offers to missionary work. Another testimony to the value of Homœopathy is the effect upon the medical men who remember that largeness of heart is associated with other work than their own. And the value of the work which is thus done by the Missionary School is incalculable. Testimony to this we have heard this afternoon, and have listened with almost tragic suspense to the recitals of those who have attended the school, and to

the real tragedy of Mr. Roberts' speech. I am not a medical man, but it is of extraordinary interest to me to hear such accounts of the benefits given and of the blessing of healing. The students make the very best of having an inside view, and taking part to some extent in hospital life in such an admirably organized institution as this. The opportunity of working side by side and under the guidance of the best practitioners and surgeons of the day, and of having an opportunity of learning the most useful and the most helpful knowledge, is a privilege which is highly valued. I would like to escape from the medical side of the work, but I cannot leave it altogether, because in a meeting of this sort it is well for a layman to emphasize the distinction which has been emphasized by the speakers—that it involves no interference with the proper professional education and pride associated with every important calling in life. Unless this is really understood there may be a little fear that on the confines of civilization, as in the Argentine, you may find yourselves in conflict with professional life. They make no pretence to aim at a professional position or claim to be a doctor even of an elementary or rudimentary order. What this School does is to strengthen the nerve and to give experience of first-aid and of nursing, and the discernment of what is the next step to take, and perhaps elementary treatment for serious cases until proper help can be provided, and practically nothing more. This hospital does lend itself to aiding the student in missionary work—missionary work, that is the point. With regard to another phase of the medical title of our subject, I think we must most warmly acknowledge the extraordinary importance and value of a properly-equipped Medical Mission.

What little acquaintance I have had in travelling in the mission field brought me into contact with a type of character that was delightful. I met a Dr. Mackinnon, a great Scotchman, he built a magnificent hospital, erected it himself, and I had the pleasure of seeing him at work in it. His extraordinary influence for God no one who knows Damascus can fail to know, nor of the extraordinary good he has done to the

cause of Christ. Then there is another old friend of mine, Dr. Wheeler, of Jerusalem. He has done very wonderful work, and I dare not stay to sketch the scene in his consulting room in the morning. There are some 80 to 100 people who have been sitting at the doors of the dispensary all night, and their shrieks of joy and tears of fear make the consulting room present a scene of extreme interest. The affection with which that man was regarded not only by the population of Jerusalem, but throughout the district, was most extraordinary.

I have had within my own family several cases which illustrate both aspects of the work. One has lately passed to his rest. I refer to Frederick Stanley Arnot, a most extraordinarily devoted missionary of great spiritual courage and power. If any of you have read his first book, "Journey through Garengauze," you will find there striking evidence of the value of elementary medical knowledge, for he had to amputate one of his own fingers, to put on packs during fevers, etc. He was not a medical man in any sense of the word. We must thank God for the magnificent combination of spiritual and healing power in these medical missionaries.

One last point, I would like to feel that you are students in this school, not because you are moved with the desire to go out and render first aid to helpless sufferers, not merely because you desire to acquire important and useful medical experience, but because you seek the means to an end. You are here for a high purpose which observes a higher purpose, the Kingdom and Glory of Christ, for the purpose of doing the most difficult and important work in the world, and to aid you in that work you seek the help of this introduction of sympathy to the heart and soul which the tender services of a trained hand can render. That is what you are after. A splendid means to a higher end. The students are here for the purpose of seeking to win out of the darkness of this earth some jewels for the crown glory. Everything they hear, from the simplest to the most complex problem, bears out the ultimate glory of Him who, through all our wonderful being, not only

knows the full measure of pain and sorrow, but sits at the sacred place where suffering and trial and death have their explanation. He puts at your disposal for His own sake His wisdom and Spirit, and into the hands of the missionary as well as forceps the oil of joy for the spirit of heaviness, the healing of memory and conscience that nothing else can touch, as well as the art of healing, which you acquire so well here. That God may bless this combination of spiritual and physical virtues, that God may not only give you earthly wisdom but the zeal of His Spirit, is my earnest hope."

DR. NEATBY then made a few introductory remarks about the prizes, which he said were presented, as on former occasions, by a friend of his who wished to remain anonymous, but he would like to carry from the meeting an expression of their grateful thanks. Dr. Hoyle was, unfortunately, unable to be present, but he had helped all the students to obtain most valuable books at very reduced cost, and in this way he, too, had given most valuable prizes.

Professor Beresford Pite then distributed the prizes. The prize-winners were :—

First Prize.—Mr. Clarke, from Mr. Stone's Training Home, Greenwich; Destination, North China. Surgical Instruments and Dressings Box.

Second Prize.—Miss Santer, of the Salvation Army; has worked in South India, and will return there. Medicine Chest and Book.

Third Prize.—Mr. Jordan, from Mr. Stone's Training Home; Destination, Central China. Surgical Instruments and Book.

Fourth Prize.—Miss I. Lumsden; Destination unsettled. Book; Hypodermic case.

Dental Prize.—Mr. Clarke gained most marks. As he was already a prize holder, though he retained the honour, the prize of two pairs of dental forceps went to Miss Kelsey, of the Baptist Zenana Mission. She has worked in China.

MR. H. B. BILBROUGH.—“ Dear Friends, You have had a great deal of advice. There have been some very helpful and encouraging words addressed to these students here, and I hope the memory of them may long continue and be a help to them right through their course. I have been asked to say a few words, not to

the students, but to the general body of friends. I was reading this morning 'The Mission of Our Lord to His Apostles,' in which He said, 'Preach the Gospel, heal the sick, freely ye have received, freely give.' There was no question of their going about effecting social reforms or disputing among themselves. It was a question first of preaching the gospel, and the next words were, 'Heal the sick,' and so after His departure the first thing we have recorded in the Book of Acts is the celebrated sermon by Peter preaching the Gospel, and, then at the beginning of the third chapter he sees a lame man and says, 'Silver and gold have I none; but such as I have give I unto thee: in the name of Jesus of Nazareth, rise up and walk.' Doubtless in those days they were very divinely fitted for the work Christ sent them to do; but now, when our students go forth, with the same desire not only to preach the Gospel, but also to help the sick; we don't send them forth with indifference or without practical training, but seek to give them here training, practice and experience which will help them to obey both commands. But as the Apostle Paul, in Romans, says, 'How shall they preach unless they be sent?' How shall these go forth to heal unless there are the means for teaching and training? So I have to say a word about the need for more practical help for those who have enjoyed this training. You have listened to the report of what has been done. We appeal to you to assist us to do better in the next session, and to help us to finish up this session without being in debt. The Secretary has put a paper into my hand which tells me the liabilities are £232, and that we have only £185 in hand, so that the estimated deficit is £47 on this year's work. Well, I think everyone has had put into his hands not only a short account of the work and how it is carried on, but a little card with a pencil attached, to make it very easy to fill it up, and I don't think the Treasurer would feel it the worse, if you feel it is more than you can give at one time, if you were to pay quarterly or half-yearly instalments; and if you are really anxious, Dr. Neatby has a few spare ones you can take home to sympathizers. We do ask you

to help us. Those who are teaching have given liberally of their time and sympathy, and the students have given application and time. It remains to those of us who are friends of this work to give the necessary silver and gold to supplement us that we may go on our way rejoicing."

DR. BURFORD.—“ Mr. Chairman, Ladies and Gentlemen. It is my pleasure and privilege at this juncture to propose for your adoption a most cordial vote of thanks to Professor Beresford Pite for being present and distributing the prizes. It is well and fit we should see Professor Pite here, for he has long been associated in other ways with this institution. On a corner stone of this building is the name of Pite as representing the architect of this structure, and Professor Pite is no stranger here this afternoon, and in the second place he takes deep and undying interest in all in which Homœopathy is vitally concerned.

“ The manner in which Professor Beresford Pite has given the prizes reminds one that, in the words of the Earl of Essex, ‘ In giving the manner is more than the matter.’ I am not the fortunate recipient of prizes, but that was an historical statement, and I hope the prize-winners will take it to heart, when they look upon the evidences of their work, that the way in which the prizes were given them will be as happy an association as the work they represent. I wish Professor Pite could have told us something of the actual value of the medical mandate of our students. For in private he goes so far as to say that if one wishes a first class acquaintance with disease one finds it abroad in the mission field, a type and kind of disease we cannot find in England. I propose with the greatest pleasure a vote of thanks to Professor Pite for his presence and kindly words this afternoon.” (Applause.)

The CHAIRMAN.—“ You have already signified your great appreciation of what Dr. Burford has said, so I will put the vote of thanks to the meeting without a seconder. I put this vote of thanks to you. Carried with applause.”

DR. GOLDSBROUGH.—“ Before the meeting separates I have a duty to perform, Mr. Chairman. I want to

speak to you alone. The audience is addressing you, and we present the most hearty vote of thanks to you for coming here to-day and presiding over this meeting. I have no doubt that the meeting and the Executive of the School feel they have in you a very tower of strength from the Church point of view, the theological and religious point of view, in support of this School of Medicine, and I think I may voice their feelings, that they feel very much indebted to you for your support and your hearty words of encouragement. I do not know that you feel you need any thanks for coming here; it is part of your daily life to help on Christ's cause in the largest sense of the term. Will you allow me, as a medical man, to say a word to the students who have been in front of me. I have sympathized with them in having to face difficult questions, and when knowledge appeared to them like a nut they could not crack; and I have been interested to see them week by week, gradually feeling at close quarters with it. I want to ask these young people who have not yet been out to foreign parts to do work, to take heart and feel whatever efforts they may put forward, they will be carrying out the actual principle of "doing rather than hearing the word only." That was probably what was meant by the Master of Christianity when He spoke these words; and in so doing to build not only their own house of character on the rock, but also help to build His house in the civilized world. Pliny says, 'It is not what a man does that exalts him but what he would do'—so that if they have only a little of the medical knowledge—if they have a heart of sympathy towards the people they try to treat, they will be not altogether unworthy.

"I have much pleasure in asking the meeting to pass a hearty vote of thanks to you for your conduct in the chair."

After acknowledgments from Professor Beresford Pite, Mr. Stuart Holden (chair) said: "I also thank you. It is one of the greatest privileges of my life to hold the office of President of this School, and I pray God for His blessing upon students, past, present and prospective."

Mr. Stuart Holden then closed the meeting with a few words of prayer. A very hearty company remained as the president's guests at tea, and a number of visitors went over the hospital and inspected the exhibit of models on view in the lecture room.

NOTIFICATION.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

BRITISH HOMŒOPATHIC ASSOCIATION.

The Telephone number of the British Homœopathic Association has been changed, and is now 194 *Museum*.

THE CHROMO-SERO DIAGNOSTIC TEST FOR CEREBRAL HÆMORRHAGE.—In five cases of cerebral or meningeal hæmorrhage MM. Pierre Marie and André Leri have observed a special aspect, greenish and more or less fluorescent of the blood serum. This special aspect seems due to the passage in the circulating blood of products of decomposition of the haemoglobin of the extravasated blood.

The observation and discovery of this greenish fluorescent tint are made in the most simple manner; from ten to twenty cubic centimetres of blood are collected in a tube; the clot is detached from the sides of the tube and it is left to contract; the serum which is floating is taken off by decanting it or by pouring it off with a decanting tube. The simple observation of this greenish tint constitutes a process of chromo-sero diagnosis that is exceedingly practical in clinical work because: (1) It requires no technique nor any apparatus, no reagents and no special apprenticeship; (2) it gives a very rapid result at the end of a few hours, or, if need be, at the end of a few minutes after the taking of the blood; (3) it is positive from the first few hours following the hæmorrhage and persists during a certain number of days.

This chromo-sero diagnostic test may be very useful in many cases in which the chemical diagnosis hesitates between a hæmorrhage and a softening of the brain or any other circumscribed lesion of the brain; it has enabled the authors of this study to make this important diagnosis in two cases of hæmorrhagic lesions and in three cases of non-hæmorrhagic lesions of the brain. Much studied and researched up till now in the lesions of the brain, this chromo-sero diagnostic test is in all probability applicable in a general way to the diagnosis of hæmorrhagic and non-hæmorrhagic lesions of all the organs.—*Medical World.*

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Tenth and Eleventh Meetings of the Session were held on July 1st and 2nd, at the London Homœopathic Hospital, with the President in the chair. Dr. Lamballe and Dr. Adrianoff (associate) were proposed at the first meeting and elected at the second, and Dr. Schwarz elected at the first for Associate membership. The first evening was a clinical one, and cases and specimens of interest were shown. Dr. Hare gave a short account of his visit to Davos, illustrated with lantern slides. At the second meeting a third trustee was elected for the B.H.S. (Dr. E. A. Neatby), and a small alteration made in Rule 9. Dr. Burford gave a report of the International Homœopathic Council, which we publish in this issue. The Officers for the year were elected, namely : President, Dr. H. Wynne Thomas ; First Vice-President, Dr. A. Midgley Cash ; Second Vice-President, Dr. C. E. Wheeler ; Treasurer, Mr. Knox Shaw ; Council, Dr. E. A. Neatby, Dr. Burford, Dr. Blackley, Mr. Johnstone, Dr. Hey, Mr. Eadie ; Delegates to the International Council Meeting were also chosen : Dr. A. E. Hawkes, Dr. MacNish, Dr. Cronin, Dr. Blackley, Dr. G. Hey.

THE CULTURE OF TISSUES OUTSIDE THE ORGANISM.—At the last sitting of the Academy of Medicine, Dr. Pozzi made known the results of the culture of living tissues undertaken some time ago by M. Alexis Carrel. It was on the 17th January, 1912, that M. Carrel took a fragment of a heart from the embryo of a chicken. This was placed in some plasma of an adult chicken. During four hundred days this fragment continued to beat regularly and gave birth to a great quantity of new conjunctiva cells. Sixteen months after Dr. Pozzi, in the name of M. Carrel, made a communication about the way in which this tissue was growing. At the present time, that is to say, after twenty-eight months' life outside the organism, the growth of this tissue continues, although it has undergone more than 300 passages. Not only does the growth persist, but it increases in intensity, showing that the power of proliferation of the connective cells has also increased.

The authors of this communication conclude that it may be said of connective cells, as Weismann said of infusory colonies, that they are potentially immortal.—*Medical World.*

BRITISH HOMOEOPATHIC ASSOCIATION
(INCORPORATED).

RECEIPTS FROM JUNE 16TH TO JULY 15TH, 1914.

GENERAL FUND.

	<i>Subscriptions.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Dr. Wheeler..	1	1	0
Dr. F. H. Bodman	1	1	0
B. Parsons, Esq.	2	6	
Mrs. A. Drysdale	10	6	
Mrs. Watson	5	0	
Mrs. Thirlby	1	1	0
S. R. Kearne, Esq.	1	1	0
Mrs. Cormoulds Mason	5	0	
Mrs. Scrimgeour	1	1	0
Dr. C. Granville Hey	1	1	0
Miss Cogswell	5	0	
Mrs. Hall	1	1	0
Mrs. Schiff	1	1	0
Wm. Robertson, Esq. (per Thos. Burberry, Esq.)	..	1	1	0

Donations.

Miss Aline Bell	.. .. .. ..	10	0
Miss Dowland	.. .. .. ..	5	0

MAINTENANCE AND ADMINISTRATION FUND.

Donations.

J. Howard, Esq., J.P.	.. .. ..	10	10	0
Ch. Russell, Esq., K.C.	.. .. ..	5	0	0

THE NATIONAL HOMOEOPATHIC FUND.

Subscriptions.

The Misses Cox	.. .. .. ..	5	0
Miss Agnes Skelton	.. .. .. ..	2	2

The usual Quarterly Meeting of the Council was held at Chalmers House, on Tuesday, July 14th.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Tuesday, July 21st.

LECTURE AT GOLDER'S GREEN.

By the invitation of the Women's Adult School, a body of enquirers on sociological subjects in the Hampstead Garden Suburb, Dr. Wheeler gave an

address, at the Club House, on "Homœopathy." on June 24th. This was a particularly valuable piece of propaganda work, as the audience was an open-minded one, and many questions, at the close of the lecture, showed the real interest aroused.

VARIETIES.

THE RELATION OF SPEECH TO INTONATION AND RHYTHM.—The question has frequently been discussed whether intonation is an integral or an independent element in articulate speech. The matter is only part of a wider subject—viz., the nature of the relations between articulate speech and the appreciation of tone and rhythm, as well as the expression of tone in singing speech. Cases have been recorded where patients suffering from motor aphasia have been able under the influence of musical stimuli to articulate words in song that otherwise they could not articulate at all. It is generally recognized, in fact, that normal individuals can often remember the words of a song only by singing the air. Sir William Gowers has somewhere said that the words of a song do not constitute articulate speech in the ordinary sense; they are merged in the melody and appear as its completion. There is an intimate association between articulate speech and musical tones. In one of his charming neurological lectures the late Professor Brissaud remarked that "*le langage quel qu'il soit, n'est donc pas seulement parlé, il est chanté. Une phrase articulée a toujours sa melodie caractéristique suivant qu'elle exprime la surprise, la colère, la joie, l'indignation, le doute, &c.*" He held that intonation is an earlier acquisition than articulation in the function of speech, and therefore that an intonation aphasia is not likely to be met with. This evolution theory finds apparent support in the facts that some idiots who cannot articulate can compose melodies, and that infants can reproduce melodies while they cannot form words. The late Professor Ballet thought that the expression of emotion, the elaboration of tone, and the articulation of words were three stages in one and the same process. There is no doubt that disturbances in the function of intonation, impairment of the appreciation of rhythm, and, generally, amusia, are closely associated with aphasia, and can be best understood by reference to the methods of investigation of that complex symptom. Nevertheless, the simplicity of the evolution theory constitutes perhaps its sole claim to consideration, and as yet no satisfactory hypothesis has been advanced to explain the facts which clinical observation discovers. There appears to be both a motor and a sensory defect of intonation, as well as a motor and sensory arrhythmia. Isolated impairment of intonation, of appreciation of tone, or of rhythm may certainly occur, but whether these have independent localizations is a matter difficult of decision.

In the *Neurologisches Centralblatt* for March 1st Dr. K. Agadschanianz, of St. Petersburg, has discussed the whole subject in a lucid fashion, and has described two cases at some length. In one of these a patient of sixty-two had a slight stroke, producing hemiparesis of the left side. He had formerly been a good violin player. On examination he was found to have vocal and instrumental motor amusia, sensory and motor defect in the matter of rhythm, and incomplete word deafness and melody deafness. The second case was that of a doctor of medicine, aged 50, who had been a fine piano player. After a stroke involving the right side, probably of syphilitic origin, the paralysis cleared up entirely, but when he was examined subsequently the following condition was found. There was no instrumental amusia, but he could no longer sing, although he could speak. He understood spoken words imperfectly, but much better than familiar melodies played in his presence. Similarly he repeated spoken words much better than melodies played over for him; there was gross defect in the appreciation and reproduction of rhythm. Cases of this description do not support the evolution theory which makes articulate speech a more recent acquisition than emotional speech. It is probable that the two are anatomically independent as they are psychologically. There is, further, some evidence to associate these faculties of rhythm and tone appreciation and expression with a localization in the temporal lobes, a large cortical area the functions of only a small portion of which have been satisfactorily elucidated.—*Lancet*.

RHAMNUS CALIFORNICA.—This is too important a remedy to be left in the background. Many of our readers have probably never employed it in practice, and have thus neglected to investigate one of the best every-day resorts for pain of many phases. *Macrotyls* cannot vie with it in the treatment of muscular pain. Pleurodynia, angina pectoris, lumbago, gastralgia—in fact muscular pain, aching pain in any part of the body where constructional changes are not going on—calls for it. Vesical tenesmus of this character, dysmenorrhea of myalgic origin, pain in the neck, head or face—pain anywhere of a myalgic character—is more than likely to yield to this agent when is it employed intelligently.

The great province for it, however, is an old-fashioned inflammatory rheumatism. Call it acute rheumatism, rheumatic fever, or what you will, where the joints are actually inflamed, painful, swollen, reddened, and there is tendency to metastasis, with elevated temperature, remissions with profuse sweats, *Rhamnus* ought to constitute the basic treatment.

Of course the practitioner employed in a malarious region—and few localities are free from more or less of this influence—must not forget to provide for this and other complications that must be met; but the great remedy here is *Rhamnus californica*. We have seen aggravated cases recover in six days under this remedy, and we have known cases to persist for three weeks, but no other agent can compare with it in certainty of

effect if the diagnosis is properly made and it is given a fair trial.—DR. WEBSTER.

MEDICINE IN ANCIENT GREECE.—In lecturing before the Section of the History of Medicine of the Royal Society of Medicine last week on “Health Temples in Greece and the work carried on in them,” Dr. R. Caton, of Liverpool, referred to the value of recent excavations in the region of Athens whereby the precinct of Amynos has been laid bare. It seems likely that both in medical lore and also in the superstition accompanying it, Greece was behind Egypt. Numerous minor deities or deified men appear to have taken the place of Apollo as healers and protectors of the sick. The inscriptions upon portions of the temple of Amphiaraos, near Oropus, in Attica, show that this sanctuary was founded in the fifth century, and that it was closed during the winter. The greatest centre of healing appears to have been that of Epidaurus, where there flourished a temple famous for its architectural features. On arrival at such a temple the patient would undergo ceremonial purification, including the payment of necessary fees, and on entering the Tholos he would offer bloodless sacrifice to the snakes, feeding them with honey cakes. He would bathe in the sacred fountain and offer sacrifices, while priests and physicians probably arranged diet and treatment. At night he would enter the Abaton with his bed-clothing, and repose on one of the couches. At nightfall, when the lamps had been lit, the priest would enter and recite the evening prayers to the god. Silence would then be enjoined, the lights would be put out, and the priest would command all to fall asleep and hope for guiding visions from the god. As time went on superstition had a less share, and science a greater one, in the work of healing. The priest prescribed diet of a plain and simple kind, hot and cold baths, poultices, various medicaments such as hemlock juice, oxide of iron, hellebore, squills, lime water, drugs to allay pain, active gymnastic exercise, friction of the skin, counter-irritation, and bleeding; surgery also was practised. Apart from the cruel superstition which allowed neither birth nor death to take place in the holy precinct, the sick appeared to have been treated with kindness and humanity, and were in general greatly benefited. The whole atmosphere of the place was helpful. The patients could sit and rest in the semi-circular seats provided while the more cultured occupied themselves in reading books from the library. The study of the innumerable votive offerings and commemorative tablets recording cures must have excited a beneficial faith and hope. The pure air of the mountains by night and day, the plain, simple diet, the rest and change, the medical treatment, and the beauty and charm of the place made Epidaurus intensely popular among the Greeks, and the early Christian teachers found it more difficult to displace Asclepios than any other of the gods of Greece or Rome from the beliefs of their converts. Thus were many of the cults of the present day foreshadowed, and no doubt many real cures were obtained.—*The Medical Press.*

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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

• All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Burford, London—Dr. E. A. Neatby, London—Dr. Wynne Thomas, Bromley—Dr. M. Tyler, London—Dr. Goldsborough, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian.—La Homœopathie.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.

—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Från Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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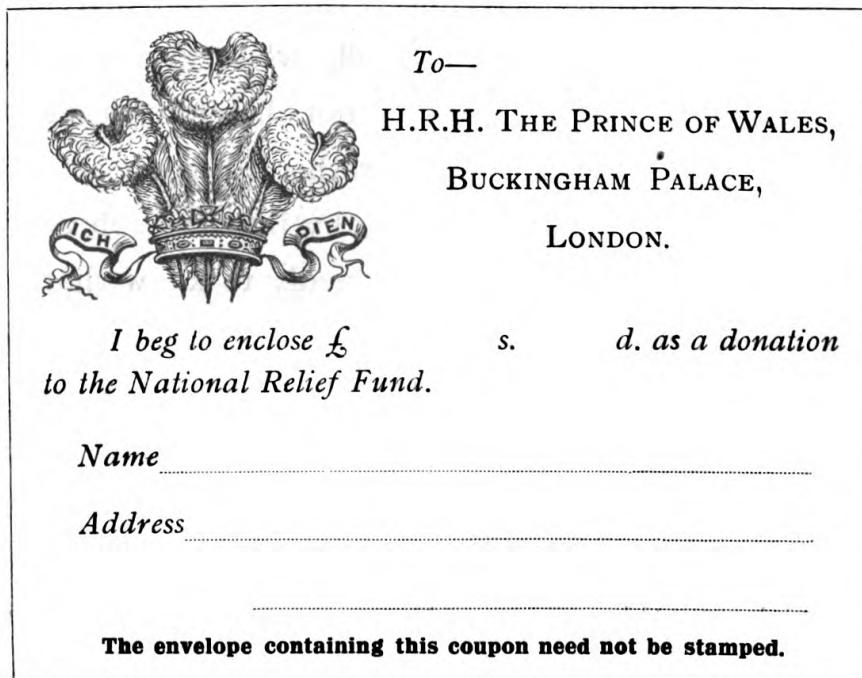
THE
HOMŒOPATHIC WORLD.

OCTOBER 1, 1914.

THE SHARE OF HOMŒOPATHY.

IN this great crisis of the world's history when the minds of all of us are necessarily set on destruction of what we hold to be evil, rather than on any preservation, the professions that seek to save and to maintain are less in importance than at other seasons. Therefore, for the Homœopathists, themselves a small minority in the medical world, the share is of necessity small in the nation's activities. But it is not therefore negligible, and it behoves us all, while giving what services we can to our country, not therefore to forget our special responsibility, but rather to catch at any opportunity to bring Homœopathy into the sphere of action. We rejoice most unfeignedly to know that of our small body we have doctors on active war service and on home war service, that our hospitals in many places are prepared for special war work and only too eager to get it, and that everywhere our guilds of helpers and workers are devoting their organized activities to this newer and more pressing emergency. It is therefore fair to ask all who have the cause of

Homœopathy at heart and are giving (as who is not?) of their time and energy and money to the nation's needs, to give at least something through Homœopathic channels, and so help the smaller cause as well as the greater. Any who do not know clearly how best to give, we advise to give to the British Homœopathic Association, which is in the best position to know the local needs and allot gifts to the points of most urgent want. To give to the central organization will be to give to the best advantage, and even when subscribers have a local cause that appeals to them, if they will spare a little also to the Central Fund they can be well assured that it will be wisely expended.



NEWS AND NOTES.

LONDON MISSIONARY SCHOOL OF MEDICINE.

THE opening meeting of the Eleventh Session will be held on Tuesday, October 6th, at 4.30 p.m., in the Board Room of the London Homœopathic Hospital.

James Johnstone, Esq., M.B., F.R.C.S.Eng., will explain the needs for the training given by the School, and its scope; and an address on the spiritual values of the scientific knowledge imparted to foreign missionaries will be given by the Rev. J. Stuart Holden, M.A., President. All friends interested in this work are cordially invited to be present.

In view of many applications for Ambulance and First Aid lectures, the Committee have decided to admit a limited number of non-missionary students during October, for Anatomy, First Aid, etc.

COFFEA CRUDA.

ACTS as a stimulant to the whole nervous system, especially its reflex and psychic functions. It also acts directly upon the muscles, whose excitability and endurance are augmented. In experiments on animals the heart beats are increased, both in rhythm and force, by direct action on the cardiac muscle, but this acceleration does not usually obtain in man. Here the inhibitory centre of the medulla is more markedly stimulated, sufficiently to counter-balance the action of the drug on the myocardium, and a reduction of the pulse rate usually results, with increase in force of the systole. Palpitation may be experienced. The vaso-motor centre is stimulated and the consequent contraction of the arteries raises the blood pressure. The temperature is increased in some cases. *Coffea cruda* is especially indicated in that class of neurasthenic patients who, from pleasurable emotions, suffer nervous over-activity and hyperaesthesia, *insomnia*, profuse urinary elimination, palpitation, high blood pressure, and cardiac hypertrophy.—FRITZ C. ASKENSTEDT, M.D., Louisville, Ky., *Medical Century*.

THE SHICK REACTION.

THE present is an age of laboratory tests and specific reactions. With the growth in our knowledge of bacteriology and serum therapy this must inevitably be the case. One result is that the art of diagnosis is in danger of being reduced to a question of inoculation, and the interpretation of the consequent reaction. The latest test of this kind is known as the "Shick reaction" in diphtheria, an account of the practical application of which is given by Drs. W. H. Park, A. Zingher, and H. M. Serota, of the Research Laboratory, Department of Health, New York City. The reaction depends upon the local reaction of minute quantities of diphtheria toxin when injected intracutaneously. If antitoxin be absent or in insufficient quantity for protection, a positive reaction appears in twenty-four to forty-eight hours, consisting of a circumscribed area of redness and slight infiltration, measuring from 1-2 c.m. in diameter. This persists for about a week and gradually fades, leaving a brownish pigmentation. To prevent the appearance of the reaction it is estimated by Shick that at least one-thirtieth of a unit of antitoxin per c.c. of blood is required, but Behring states that so small a quantity as one-hundredth part of a unit of antitoxin will protect against the disease in uncomplicated cases. The authors tested the reaction in 700 patients, and they find that the test serves as a reliable and convenient index of the susceptibility or otherwise of individuals to diphtheria. It is also of service in the diagnosis of clinically doubtful nasal diphtheria. The Shick reaction may, therefore, be regarded as a useful adjunct to our means of detecting diphtheritic infection.—*Medical Press.*

CIMICIFUGA RACEMOSA.

Synonyms : *Actea racemosa*, and *Macrotyls*.

Common Names : Blacksnake root, black cohosh, rattleweed, etc.

Botanical Description : *Cimicifuga racemosa* grows in shady woods and flowers from May to August, with many small white and regular flowers. The stem is

from three to five feet long. The taste of the plant as growing is bitter, acrid, and to be of value in medicine it must be collected in the autumn and dried in the shade.

Crude Action : Massive doses of the drug up to the physiological limit are promptly followed by characteristic headache, generally frontal, flushed face, dizziness, tremor, slow pulse, fall of arterial pressure, these last being produced by the effect of *Macrotys* on the vaso-motor nerves and cerebral ganglia. The headache produced by the drug is peculiar in that it is of a tearing or bursting type. All these various symptoms soon disappear when the drug is discontinued.

Specific Indications for Use : *Cimicifuga racemosa* is one of the very best drugs we possess in the cure of rheumatic states. It is peculiarly indicated in deep-seated muscular pain which is very often seen associated with dragging pain in the uterus. For rheumatic neuralgia in the lumbo-sacral region and lumbago as well, it does its work rapidly and effectively. In gynaecologic practice *Cimicifuga* has a wide and very important field of curative usefulness. Turning to dysmenorrhœa, and to that type which is neuralgic essentially, we often see its action most admirably displayed. The remedy, if given two or three days before the calculated monthly epoch and continued until the flow is over, will often tide over our patient very suitably. In amenorrhœa *Cimicifuga* is a valuable remedy. In those states of catamenial suppression attended with bearing down, expulsive pains, with pain in the back radiating to the uterus, it is well indicated. In reflex headaches from the uterus the drug is unequalled. It is useful in cases of scanty or retarded flow due to want of vitality of the uterus, under which circumstances it stimulates the ovaries and tubes as well as the uterus itself directly through the hypogastric plexus of the great sympathetic and strengthens the menstrual rhythm.

Provings of Cimicifuga : Medicine given for three weeks every two hours caused pains all through her lower limbs, something of the character of growing pains in young persons, only a great deal worse;

complete loss of appetite, *backache*, in small of the back ; fever every afternoon between twelve and four. Menses (usually very regular) delayed three weeks, coughs at night, and sleeps badly. *Legs mostly affected.* Heaviness in the lower extremities. Case 2. Given to a man every hour during the day for two weeks caused slight bloody urine ; urination frequent. Sick feeling in epigastrium accompanied with costiveness. Case 3. Relieved pains in abdomen and uterus, and distress about the heart, in a pregnant woman who had been suffering a long time. In the same case it also relieved a severe bearing-down sensation.

It was noticed that it suppressed menstruation in a certain number of females. All these provings were obtained with the higher dynamizations.

Hahnemannian Monthly.

THE L.H.H. AND THE WAR.

It may be of interest to the Governors, Donors, and Subscribers of the London Homœopathic Hospital to hear the Board of Management has placed a number of beds in the Hospital at the disposal of the Admiralty for the sick and wounded sailors, and the offer has been accepted with cordial thanks by the Director General. Beds have also been placed at the disposal of the Military Authorities.

The Hospital has also sent Nurses for service with Queen Alexandra's Imperial Military Nursing Association, and the following gracious letter of thanks has been received from Her Majesty Queen Alexandra :—

“ MARLBOROUGH HOUSE,
“ August 29th, 1914.

“ To the Chairman,

“ London Homœopathic Hospital.

“ It is my earnest desire to express—through your kind medium—my heartfelt thanks to the Matron of your Hospital for the response made to our appeal for Nurses during the present terrible War Crisis.

“ Pray also accept my grateful appreciation of the prompt and untiring trouble taken in selecting them

and sending them out with the shortest possible delay to the Seat of War. May God bless your efforts.

"(Signed) ALEXANDRA."

In addition, several Nurses have been called up for service with the Territorial Military Service.

Sept. 1st, 1914.

MESSRS. BOERICKE AND RUNYON.

"Mr. E. W. Runyon, of the well-known firm of Boericke & Runyon, Homœopathic Publishers, of New York, has been paying a visit to this country partly on pleasure and partly business. In future Messrs. Boericke & Runyon will be our Agents for the *Homœopathic World* in New York, from whom also can be obtained all publications of the Homœopathic Publishing Co. of London."

MATERIA MEDICA NOTES.—*Ailanthus glandulosa*.—Violent sore throat, diphtheritic in character ; tonsils and fauces dark or purplish in colour (lachesis), and in true diphtheria covered with a dark, leathery membrane ; the tonsils are studded with angry looking ulcers which exude a scanty but very fetid and grumous discharge. Extreme swelling, both internal and external ; swallowing quite impossible on account of the pain. The nose is stopped up and there is a copious, thin and ichorous discharge. The temperature is high ; eyes suffused and dilated ; face and body red, even livid in colour ; tongue dry and brown, and the teeth are covered with sordes. Mentally the patient is confused and dull, and in extreme cases there is delirium, stupor, even insensibility.

This remedy is particularly indicated in scarlet fever and other eruptive diseases when they run a low or typhoid course. Adynamia characterizes all its conditions.

Baptisia is not unlike *Ailanthus* in its general expression. The mental torpor, muttering delirium, besotted countenance and the appearance of the throat are conditions quite alike unto the two remedies. That which will aid in distinguishing between them is the painfulness of *Ailanthus* and the painlessness of *Baptisia*.

Journal A.I.H.

AMBROSIA.—Given in the tincture, ten drops in a little water during or after an attack of epistaxis, has been followed by complete removal of the difficulty. *Ferr. phos.*, *Arnica* and *Carbo veg.* had been given.—*Journal A.I.H.*

ORIGINAL COMMUNICATIONS.

WHENCE THE POWER OF ATTENUATED MEDICINE?

AND WHY DIFFERENT ATTENUATIONS FOR DIFFERENT REMEDIES?

By JAS. W. OVERPECK, M.D., Hamilton, Ohio, U.S.A.

(*Read before the American Institute of Homœopathy, July, 1914.*)

WE will not consume valuable time by making apologies for presenting a paper that involves discussion of a subject that may be considered threadbare by some in this audience. Our principal excuse is the painful fact that this same subject has caused, and is causing, almost a division in our ranks, on account of difference of opinion in regard to it. We refer to the subject of potency in medicine, and believe that if this were studied by all in the light of advanced scientific knowledge this great difference would not exist. We have among us many doctors who have in their offices few, if any, medicines of a higher potency than the 2nd or 3rd. One recently made the statement that he had but one remedy (*Lachesis*) as high as the 12th attenuation, and he did not use that because he did not know how. On the other hand there are many who consider the 30th potency rather low, and usually prescribe much higher. In the earlier or experimental years we know that Hahnemann used and got results from the cruder drugs. To the woman who walked a number of miles to consult him he gave a drop of the juice of the plant *Bryonia*. And to the doubter who walked the same distance to inquire why she did not return, the woman said, "Why should I come back? I was well." Yet we know that later he used attenuated medicines with better results, some rather highly diluted. But we have never met with a statement by Hahnemann in which he claimed that all drugs or medicines should be highly attenuated. He did state, however, that there was no rule by which the most effective potency

of a drug could be determined; but that this could only be done by experiment. So here we can find no argument that especially favours either of the extreme notions.

We may say, and be quite within safe limits, that we have the testimony of fifty thousand doctors, some of them the best therapeutists the world has produced, who millions and millions of times have seen positively beneficial results, cures, many times marvellous effects, following the administration of the 30th, and higher potencies. Then there are volumes that may be said in proof of the efficacy of many of our remedies when applied in the lower attenuations, under certain conditions and in many diseases. Does it not seem that even with this as an incentive, those on one side might at least investigate a little on the other side? Does it not seem that in our midst at this late day there still remains some of that same old feeling of intolerance or prejudice that prevailed in the profession more than a century ago?

The principal object of this paper is to do something in the way of bringing together these extremes so that all may think and work from the same standpoint. This would certainly make for the best interests of our cause.

Then we are going to ask that the high fellows come down a little from their perch; and that the low fellows, and those floundering about amidst the uncertainties of mixed or combination medicines, come up a little higher, and let us, in an unbiased way, study this subject of force in matter and potency in medicine.

First, it is well to inquire as to the nature of the thing with which we are dealing in treating disease. What is this material or physical body other than a remarkably complicated, wonderfully constructed, marvellously adjusted, electro-magnetic piece of mechanism? a kind of dynamic, automatic machine, each part—that is each organ or tissue—having a structure peculiar to itself, each being endowed or provided with forces suitable and adequate to its growth, its maintenance and its functions. Whatever may be said concerning the influence of the psychic

and higher forces over the body forces, and their interrelation, it must be conceded that, in dealing with disease, we have the dynamic tissue forces to reckon with. And this is true even if there be disturbance in the higher forces, since we can only reach or affect them through the material body. It has been discovered by those who use the high frequency treatment that certain tissues respond more readily to certain rates of reversals ; which is proof of what we might expect, that each kind of tissue is adjusted or attuned to a certain rate of vibration, or shall we say a certain kind or quality of force.

Next let us inquire, what is disease and how do we combat and conquer it ? We can readily understand that when the forces in each tissue are normal and there is harmony of action in the whole body this constitutes a state of health. Then it follows that any material disturbance in the bodily forces is disease. An example of an infectious disease will serve to make this plainer. A homœopathic doctor is called to see a young person who exhibits the following symptoms : Skin is hot and of a bright red colour, thickly studded with pin-head points of a darker hue. The glands of the neck are somewhat swollen and sore. The throat is sore and red, and has the appearance of angina. He has a throbbing headache and some aching in the limbs and over the body. The temperature is about 104 degrees, the pupils dilated, and there is some delirium. He has some nausea and has vomited a little. These, with a few other minor symptoms, are noted by the doctor. The parents ask for a diagnosis and are told that it is a typical picture of a non-malignant case of scarlet fever ; and that it *is* scarlet fever unless the boy has been taking drugs. On being told that no drugs had been taken, and on being questioned as to why he mentioned drugs, he explains that repeated large doses of *Belladonna* would, within a few days, bring about just such a condition with symptoms quite like those of the disease. The drug might cause some other and less important symptoms, but the more prominent symptoms in the one case would be much the same as the prominent ones in the other case.

Here we have a substance produced and introduced into the system by the bacteria of scarlatina. Does it cause this great commotion, this state of disease, simply because it is a foreign substance in the body? Certainly not; because much greater quantities of inert substances can be introduced with no observable effect. It can only be because the poisonous substance, or toxin, is capable of sending out, and does send out, forces antagonistic to the forces of the tissues. The one thing remarkable here is the fact that the antagonistic action of the toxin provokes reactive powers in the tissues and cells, which tend to destroy, or eliminate from the body, this same toxin. Still more remarkable is the fact that the reactive process brought about by the action of any particular toxic substance always tends towards the destruction of, or elimination of, that same toxin. Three things we have endeavoured to point out by this illustration.

First: That disease is but a disturbance or disarrangement in the dynamic forces of the tissues of the body, and that symptoms, congestion, fever, eruption, etc., are results of the effort of the body forces in destroying or throwing off the toxic matter. In this disease it would seem an effort is made to eliminate through the skin to some extent.

Second: That the dynamic force of a toxic substance caused the disease or disarrangement.

Third: That *Belladonna*, which contains a toxic principle almost identical in action with that which caused the disease, was given in rather highly attenuated form to assist in destroying that which caused the disease.

Now according to the title of our paper it is a part of our business to show where this very dilute dose of *Belladonna*, or of any more or less attenuated medicinal substance, gets its power; and to try to give some idea as to how they may act in assisting to cure disease. Our preliminaries have consumed so much time that we are compelled to treat this more briefly than we would.

A few years ago some English scientist asserted that Hahnemann was a hundred years in advance of his time in his method of developing and applying the

latent forces of matter. This seems to be true, although now it would sound better to say *stable* energy or forces rather than *latent* forces. The reason for this we may be able to show later. To get some idea as to the amount of force in matter it will serve us best to study that little fellow that has come to be so popular in scientific circles, the atom.

Some years ago someone, in some way, estimated that the number of atoms in one grain of matter is approximately one septillion. Now whether this be at all approximate or not, it will serve our purpose here, and as we have a little idea of his number, what do we know of his character or power? What is said of it among scientific people? It is spoken of as a centre of intense energy, a point of great force. One of the foremost physicists of the world says this: "When we study the structure of the atom we shall arrive at the conclusion that it is an immense reservoir of energy." This he calls *intra-atomic energy*. So great is this force in matter that it is said that within a piece of copper weighing one gram there is sufficient power to draw a train of forty cars of twelve and a half tons each the distance of four and one quarter times round the earth. This same authority has estimated that fifteen grains of radium would send out one hundred thousand millions of electrons every second; and this would continue in diminishing number for more than a thousand years before all is spent. Now these electrons are forms of energy or force, and you will notice that this radium diminishes in quantity as time goes, and that after sufficient time (more than a thousand years) it is all sent out in the form of force. This is radioactive force.

Hear what Dr. Le Bon, of the Royal Academy of Brussels, says of matter. "Far from being an inert thing only capable of giving up the energy artificially supplied to it, matter is an enormous reservoir of energy—*intra-atomic* energy." "Matter, hitherto deemed indestructible, vanishes slowly by the continuous dissociation of its compound atoms." Still quoting: "Matter represents a stable form of intra-atomic energy; heat, light, electricity, etc., represent

unstable forms of it." "By dissociation of atoms—that is to say, by the dematerialization of matter, the stable form of energy termed matter is simply changed into those unstable forms of energy known by the names of electricity, light, heat, etc." "As the energy condensed in the atom is immense in quantity, it results from this that to an extremely slight loss in matter there corresponds the creation of an enormous quantity of energy." Yet one more quotation. "Substances termed radio-active, as radium or uranium, simply present in a high degree a phenomenon which all matter possesses to some extent."

Now this theory is not simply set forth and held by one man alone, but it is coming to be accepted the world over. We have learned that this stable force in matter can be set free, as it were, or rendered radio-active by separation or dissociation of its atoms; and as an example we are told that from a weak solution of *Sodium chloride* are sent out electrons of chlorine and electrons of sodium. Please note that this occurs in a weak solution, not in a strong or saturated solution. In these there would not be sufficient degree of separation. It is when the atom is set free that it begins to send out its power. In radium, in its natural state, that is under ordinary temperature and atmospheric conditions, this dissociation is constantly taking place; hence it is always radio-active. In thorium and uranium this same active state is present, but in a lesser degree. And we must keep in mind the fact that all forms of matter possess this quality to some degree. Prof. J. J. Thompson, in his experiments, has demonstrated the existence of radio-activity in most substances—water, sand, bricks, clay, etc.

Now does it not seem that Hahnemann builded even more wisely than he knew? Could there be a more exact or more systematic method of dissociating atoms, or of ionization of matter, if you choose to call it that? Measuring, diluting and agitating; measuring, diluting and grinding; again measuring, diluting and shaking or grinding; and repeating, again and again; this was his method. Physicists themselves have not devised a better one. Separate the atoms, disturb the

equilibrium of the forces, they tell us. Do not the friction of trituration, and the succussion of the dilutions, seem sufficient in the way of disturbance of equilibrium?

It has been the habit of the writer for more than thirty years to look upon each bottle of trituration or dilution as a little storage battery, the contents of each charged with forces derived from, and peculiar to, the drug from which the preparation is made. We have abundance of clinical evidence that the force is there; and we ought to be getting busy in the way of discovering laboratory evidence, where that is possible.

But has not enough been said to convince some of those who have not the conscience or the confidence to prescribe higher than the 3rd, that there might be some virtue in higher attenuations? Do you remember the number of atoms per grain—one septillion? And that the atom is an immense reservoir of energy? Then in your 3rd you have, in each drop or grain, one quintillion of these. In the 6th, one quadrillion; in the 12th decimal, one billion, and so on. When these writers use the term, immense reservoir, they are not speaking comparatively (as to the atom) as much as we may think. They refer to a very great amount of force, that might be sufficient to potentize thousands of doses of a medicinal substance.

But now let us return to our case of scarlet fever and see if we can find a reason for prescribing an infinitesimal dose of the *Belladonna*. We learn that the toxin of the scarlatina causes the disease by sending out forces inimical to harmonious action of the normal bodily activities. And until this toxic substance is destroyed or removed the disease will continue. We also decided that the toxic principle of *Belladonna* and that of the scarlatina bacteria are almost identical as to their dynamic forces, because of similar action and effect. Then it is very readily seen that if we administer a dose of *Belladonna* which contains a tangible amount of its toxic principle, we will surely aggravate and prolong the trouble by increasing the amount of toxin to be eliminated. But it may be asked how can the attenuated dose assist in the cure. If you will

permit another illustration we will try to point out one way in which it may act.

A great battle is taking place, we will suppose, between the Alphas and the Omegas. It is a desperate engagement, the odds being for a time in favour of one side, then of the other; but taken altogether, there appears a slight vantage on the side of the Alphas. But just at a time when there seems to be a little lagging in the action, a great commotion and noise is observed in the rear of the line of the Omegas. Instantly, like electricity, the word goes down the line of the Alphas: *The Omegas are reinforced!* And every man is put upon his mettle. Now it turns out that this was only the blustering of a very few untrained horsemen who soon scatter and disappear. But the renewed and determined effort on the part of the Alphas brings to them the victory.

In the case of fever, the battle is between the forces sent out by the scarlatina toxin, and the forces produced by the nerve cells in the boy's body. The bacteria are in the prime of their brief existence, and there is a good supply of toxin on their side. The dynamic forces of the body are fighting hard and only hoping that they may hold out until the enemy's toxic supplies are exhausted. Right here we introduce an attenuated dose which carries with it the active power of a number of ionized atoms of *Belladonna*. And here we can say that *literally*, like electricity, these forces are carried directly to every ganglia that is interested in the battle, and every nerve cell is urged into renewed action. Now we have brought about renewed energy without reinforcing the enemy any more than did the blustering untrained horsemen strengthen their army. This renewed activity in the reactive powers of the body will be more or less temporary perhaps, so when they seem to lag a little we apply another dose—it may be of a higher attenuation—and give the system another hunch, as it were, and so on until the battle is ended.

There appears to us no good reason why the same toxin which causes the disease, if given in proper attenuation, would not act just as well, if not even

better. And since force and not matter must do the work, it might be administered by the mouth with the same effect as if given hypodermatically.

Of course very many diseases are not of toxic origin, yet the action of the potentized dose could be demonstrated as well in these, if time would permit and if it pertained to our present subject.

Now for a very brief time we will refer to the second part of our subject. Why different attenuations or potencies for different remedies? We will repeat a quotation given a moment ago. "Substances termed radio-active, as radium or uranium, simply present in a high degree a phenomenon which all matter possesses to some degree." Here we have it in a nut-shell—different degrees of radio-activity in different substances. We find some, of which silicea is an example, that seem absolutely inert in their natural state. Most metals and many elemental substances show little or no activity except under the proper delicate test. We must triturate, agitate and tear the atoms apart, so that the power may be liberated. To prescribe crude material of this kind would surely prove useless. Some show little activity until the 6th attenuation is reached; and more power when much higher.

But what do we find in that great number and variety of drugs derived from the different forms of plant life? We know that the cells of animal tissues—and especially those of the nerves—produce and send out dynamic force. We know also that the animal cell and the plant cell are very similar. Indeed, the microscope can scarcely discover a difference between the cell of a green succulent plant and some of the cells of the animal. It cannot be otherwise than that in every form of plant there is generated dynamic energy. In the tinctures and extracts made from the great number and variety of plants and vegetable forms there will be found just as great number and variety of forces. The active principle in some will be found in greater quantity but with lesser degree of activity. In others will be found smaller quantity but intense activity. Of some of these we know that a toxic or even a lethal dose is very small; while of others

large quantities may be taken without much ill effect, unless too often repeated and continued. The venom and virus of animals, and toxic products of bacteria vary in degree of activity ; and these as well as the product of plants, to be used as curative agents, should, owing to their very nature, be administered in different degrees of attenuation.

Now as we said in the beginning, we do not claim all of this to be scientifically correct ; but we do claim that there are some things that have been mentioned that are worth considering. It is our opinion that if more consideration were given just such things as have been brought up here, interest in Homœopathy would grow very much, and our prescribing of medicines would become much more productive of beneficial results.

SUPPLEMENT.

It was our intention in the article to which this is attached, to bring out and emphasize two or three other points ; but when it was finished it was found to be much too long for the time allowed for the reading. So the paper was cut down very much, the writer hoping for an opportunity to refer to those in closing the discussion. Unfortunately, on account of the number of papers in this bureau, the chairman was obliged to ask for extra time for the presentation of the last three or four papers ; and there was barely time for the reading and no time for discussion. Hence this supplement.

In speaking of the atom and its peculiar and wonderful properties, I might have mentioned the estimated number of electrons in the atom of different substances, thus giving a better idea of the immensity of force in matter.

But the one matter of most importance which I wish to emphasize is that of the dynamic action as opposed to the chemical action of remedial agents. We mean chemical action as it is generally understood, where one or more atoms of a drug will unite with one or more atoms of one or more of the normal constituents of the blood or tissues. If anything in a curative way comes of such action, it must result from

or through the forces set free by this chemical action in the cells, like that which occurs in the cells of a battery.

Homœopathists who do not prescribe medicines in too low attenuation, often see results of the action of a drug following so closely the administration of the dose that there is no possible time or chance for chemical action. A very few cases will illustrate. The writer was called to attend a woman in her third or fourth confinement. The case was not progressing very rapidly and the woman said, " My pains are all in my thighs ; but that is all right, for I have always had them there." The doctor thought it was not all right, so he gave a dose of *Pulsatilla*, the 6th potency. When the pains recurred scarcely more than one minute later, they were located around the lower abdomen and pelvis, where they should be. Delivery was hastened and made easier.

Another woman we found sitting and inclined a little forward, suffering an agonizing pain about the stomach or solar plexus, the whole body bathed in a cold sweat. At once the picture suggested *Veratrum album*, and a dose of the 6th was put upon the tongue. After the lapse of not more than five or six seconds she felt that she was getting relief, and within the space of two minutes she said, " Now I feel just as well as you do, except that I am tired."

Now in these cases there was not time for absorption and for the transmission of the medicine through the blood to the centres involved. In the first case there was a disturbance in the nerve forces and currents that controlled the muscular action. There was a short circuit or trouble in certain nerve centres. The dynamic force of the drug was carried by and through the tissues to the point of disturbance, and in some way harmony of action was restored and the patient relieved. Instances in which there is no possible chance or time for absorption and transmission could be multiplied indefinitely. A case of neuralgia of the teeth only relieved by holding ice in the mouth, cured by one dose of *Coffea* before the patient gets out of the office ; another of severe sun headache relieved repeatedly within five minutes while the patient is in the sun, by a dose of *Glonoin* 500th, are examples.

I wish to speak also more particularly of diseases in which a toxic substance is the cause of the disease. Eleven years ago, when the anti-strepto-coccic serum was first being used, I had the misfortune to be poisoned by pricking my thumb while working with a case in which there was gangrenous tissue. I became very sick, and a good homœopathic neighbour came in and prescribed *Crotalus*. A good neighbour of another faith came in also, and suggested the serum. Owing to the action of one or both of these, improvement took place very soon ; and while waiting for full recovery I had plenty of time to speculate as to the action of these remedies.

Then and there, eleven years ago, I stated to the doctors that I believed that the *Crotalus* caused to be formed in my body and blood an increased amount of the same antitoxic substance as that contained in the serum that was injected. That belief has grown stronger every year, until I am perfectly sure that it can be demonstrated that *Crotalus*, *Arsenicum*, *Rhus*, and a few other drugs will, under different phases and conditions in this form of sepsis, cause increased production of anti-bodies.

The same can be shown in diphtheria with *Lachesis* and a few others. It was because of belief in the fact that this could be demonstrated with many of our medicines in many diseases, that the writer spent some of his time and a little money in an attempt to work up among the homœopaths a sentiment in favour of the establishment of a grand central institute for this kind of research work and the proving and reproving of drugs. It is our opinion that just such wonderful and commendable work as has been done by Dr. Hooker could have been done, and should have been done, several years earlier. We believe that such an institution is still a necessity. Dr. Hooker states that while doing this work he has jotted down notes and suggestions pointing out work that would occupy ten persons for fifty years. At the present rate and with our present facilities, when will this and all our provings be done ?

Echo only, answers.

AN INDICATED REMEDY IN DIABETES.

By DONALD MACFARLANE, B.S., M.D., Philadelphia,
U.S.A.

OF all the well-known diseases possibly none holds a more singular position than does diabetes mellitus. In some respects it is quite unique. Year by year its quota of literature has been amassed and tabulated. This is relevant to its clinical characters, its urinary peculiarities, its prognosis at the different decades of life, and finally to its treatment, which heretofore has been more or less fundamentally dietetic. Hence, it may be said that more is known about it from the perspective of the laboratory and from the clinical viewpoint than almost any other disorder, at the same time admitting, rather ruefully, that modern scientific medicine has been quite unable to extend its scope equally far on the side of curative treatment.

It has not been so long ago that clinicians, realizing the essential nature of the complaint to be presumably an inability on the part of the economy properly to handle the dietetic sugars and starches, immediately started right in on this assumption to withhold all such "peccant" material from the diet. Unfortunately, in many of the severer grades this form of treatment not only proved futile, but in many cases actually provoked an acidosis, with a swiftly oncoming comatose condition, to be followed by a dissolution of the patient. It soon became apparent that such a strictly prohibitive form of treatment was hardly a curative one as the end result was only too often prejudicial not only to the well-being but to the life of the individual as well. Then the view changed somewhat. The idea became current that a glycosuria was not so bad after all, if kept well within bounds. Thereafter a modicum of the starches and sugars was permitted and the practitioner with a penchant for mathematical calculation at once came into his own. This state of affairs seemed to suit fairly well, especially where an overweight diabetic was concerned. Unfortunately, however, patients who were unlucky enough to have sugar in their urine were tabooed when seeking insurance and

were doomed to a life of restricted pleasureableness as far as the sweetened good things of an epicure were concerned. The man clinical held up his warning finger when due care was not accorded a high blood pressure and its dire consequences, which always laid in ready wait to pounce upon the unwary. The afflicted person was given to understand that a troublesome arteriosclerosis lay just around the corner. Even the conscientious surgeon was very chary about using his instruments lest a terminal infection result as a consequence of his interference. The diabetic also became an easy prey to inter-current disease, especially tuberculosis and kidney complications, and due caution had to be exercised on this score as well. Altogether, the condition was very far from reassuring and cheery.

Just prior to the time of which I write, however, the dominant school often succeeded in effecting a reduction in the amount of sugar eliminated by anodyne medication. *Codein* was the form of drug most frequently used. But while this remedy actually did diminish the sugar it only too often induced a stuporous state, affected and locked up the renal and bowel functions, and succeeded finally, in a host of cases, in bringing about an undesirable euthanasia. The above remarks are, in brief, a summary of the main waves of recent thought upon much of the prevailing system of treatment in this very puzzling disease. I have not hazarded comment upon "fast days," oatmeal "cures," pancreatic enzymes, etc., which are all of more or less signal service, but of a palliative kind.

Coming now to a form of treatment which I have found eminently practical, I shall preface my remarks by stating that I have insensibly come to regard a forced and continuous withdrawal of any of the essentials of the dietary as pernicious and a thing to be avoided as far as lies in our power to do so. Professor Chittenden, of Yale University, has well taken the ground that the normal man has need for fats, proteins, carbohydrates, salts and water, and that if any diet be lacking in one or more of these essentials and the same be persisted in for a moderately long time, disease changes are bound to ensue. Any-

thing, therefore, in a system of treatment, which enables sooner or later the diabetic to adequately handle, assimilate and digest his former all-inclusive diet, must be classified as a curative remedy in that disease. In the treatment I have effectively tried in the three cases I shall cite, I think there is there disclosed *a method which can cure this complaint, provided the disease is at all curable.*

Some time ago, having several cases on my hands, my mind reverted to the peculiar character of the urine always found in diabetes. I think my ideas were next turned towards the character of the blood seen in these cases. This was back of the altered urine. In point of actual fact the urine was nothing more or less than the effete blood filtrate. Running on a little I turned my inquiry upon the causes which were most likely to produce a hæmic change of such character. Could there be proven an incriminating pathology in Claude Bernard's Centre? Was there a potential ablation of pancreatic tissue induced by some hidden sclerosing disease process? How about those activating splenic enzymes? Were they adequate? Or, was the liver functionally inert? The more I thought about it the more obscure became the determining pathology. Although baffled, like the rest, I still thought there must be a remedy somewhere. I still believed that Hahnemann was right when he said:

"As, then, in disease there is nothing to lay hold of except these phenomena, the disease can only be related to the required remedy through the symptoms, by means of which, in fact, it both makes known the need of the patient for help and points to the kind of help that is required."

My discriminating finger was already on the diseased blood, and that very blood was the incriminating cause of his appreciable symptom-complex. As the older homœopathists used the caseo-necrotic and broken-down tubercular mass to start with, and after triturating the same, used it for the cure of the consumptive state, just so I lanced the patient's skin, abstracting the blood thereby and potentized the same for the cure of this disease. Following are my results:

CASE I.—Mr. E. C. F., Provision dealer. The patient is very stout, weighing approximately 220 lbs. He is short in stature. The man has a very bad family history. As nearly as I remember three or four members of his immediate family have already died of this disease. His hours at work were very bad indeed. He rose at 4 o'clock in the morning to start with and had to later get cat naps to catch up in his rest. He had been taking Fulton's Compound about the time I first saw him. For a while this seemed to reduce his sugar, but later it went up sharply about the time he first consulted me. His wage was very meagre, and he seldom took time from work, only seeing me at intervals of two weeks or thereabouts. He ate with my sanction moderately of sugar and starch food-stuffs. I abstracted blood from his finger, letting it drop into a clean bottle. I used water as a menstruum in dynamizing the blood. (Distilled water is undoubtedly the most efficient menstruum.) Hering's scale was used.

In making the potency I violently succussed by hand. At each additional potency I used considerably over a hundred strong raps. I gave him the 6th dynamization and gave it every two hours. Following is the urinary picture on the institution of his treatment by dynamized diabetic blood.

ANALYSIS OF URINE IN CASE I.

April 22nd, 1914.

CHEMICAL.

Transparency, Clear.
Colour, Light yellow.
Chemical Reaction, Acid.
Specific Gravity, 1.027.
Urea, 4 grs. in fluid oz., 0.8%.
Albumen, Trace.
Sugar, 3.85% by wt., 18.5 grs.
in oz.
Acetone, None.
Diacetic Acid, None.

MICROSCOPICAL.

(Organic sediment.)

There were present a few hyaline casts, a few pavement-form epithelia, a few leucocytes, and also a few micro-organisms. Not much mucus.

(Inorganic sediment.)

(a) *Crystalline*. Uric acid, calcium oxalate, and triple phosphates all negative.

(b) *Amorphous*. No urates or phosphates present.

The patient returned again on the 1st May. Following is the picture at this time.

May 1st, 1914.

CHEMICAL.

Transparency, Clear.
Colour, Light yellow.
Chemical Reaction, Acid.
Specific Gravity, 1.030.
Urea, 1.2% 6 grs. in fluid oz.
Albumen, Trace.
Sugar, 3.57%, 17.1 grs. in fluid oz.
Acetone, None.
Diacetic Acid, None.
Indican, Little.

MICROSCOPICAL.

(*Organic sediment.*)

All casts negative. A few pavement-form epithelia. A few leucocytes. Also a few micro-organisms and a little mucus.

(*Inorganic sediment.*)

Crystalline. Uric acid, calcium oxalate and other forms negative.

Amorphous. Urates, phosphates and other forms negative

At this time the patient had an aggravation of symptoms, despite the lowered percentage of glucose. He had more backache. Eyes were drowsy—in fact, can hardly keep them open. Sleep is poor. Feels drowsy all the time. Feels weaker also. Appetite unchanged. Passing a little more urine. Passes one pint nine or ten times a day. Some headache around the forehead. I told him to continue with the remedy. Patient took a modicum of starches and sugars. In two weeks time he again reported. Urine then disclosed the following.

May 15th, 1914.

CHEMICAL.

Transparency, Clear.
Colour, Yellow.
Chemical Reaction, Acid.
Specific Gravity, 1.028.
Urea, 1.4%, 7 grs. in fluid oz.
Albumen, Trace.
Sugar, 3.28%, 15.7 grs. in oz.
Acetone, None.
Diacetic Acid, None.
Indican, A little.

MICROSCOPICAL.

(*Organic sediment.*)

A few hyaline casts. A few pavement-form epithelia. Not many leucocytes or micro-organisms. Not much mucus.

(*Inorganic sediment.*)

Crystalline. Uric acid, calcium oxalate, triple phosphate all negative.

Amorphous. No urates or phosphates.

The patient at this time feels poorly. No change in asthenia. Passing the same amount of urine. Appetite is all right. Very drowsy and sleepy.

Bowels move a couple of times a day. Great pain in back. This is constant, day and night. Reported on the 25th with the following analysis :

CHEMICAL.	MICROSCOPICAL.
<i>Transparency</i> , Turbid.	
<i>Colour</i> , Yellow.	
<i>Chemical Reaction</i> , Acid.	
<i>Specific Gravity</i> , 1.029.	This examination was quite negative as regards inorganic sediment. Organically there were not many hyaline casts, a few leucocytes, a few pavement-form epithelia, and a little mucus. There were not many bacteria.
<i>Urea</i> , 1.8 %, 9 grs. in oz.	
<i>Albumen</i> , Trace.	
<i>Sugar</i> , 2.47 %, 11.9 grs. in oz.	
<i>Acetone</i> , Trace.	
<i>Diacetic Acid</i> , None.	
<i>Indican</i> , Little.	

At this time no improvement in strength. No improvement in backache, but a steady bettering as far as the glucose elimination was concerned. At this date the appetite was good. The patient again reported on the 9th of June. Urine shows a still further improvement.

June 9th, 1914.

CHEMICAL.	MICROSCOPICAL.
<i>Transparency</i> , Clear.	
<i>Colour</i> , Yellow.	
<i>Chemical Reaction</i> , Acid.	
<i>Specific Gravity</i> , 1.031.	
<i>Urea</i> , 2.6 %, 13 grs. in oz.	There were a few hyaline casts, pavement-form epithelia, and leucocytes. Also a little mucus and many bacteria.
<i>Albumen</i> , A decided trace.	
<i>Sugar</i> , 1.29 %, 6.2 grs. in oz.	
<i>Acetone</i> , Present.	
<i>Diacetic Acid</i> , None.	
<i>Indican</i> , Little.	

At this visit he was overjoyed with his condition. He complained of nothing. Patient still under medical care.

CASE 2.—Mrs. D. Reported for treatment because of great amount of urine voided which burns her in passing. The vulvar itching is so marked she thinks she will become unbalanced with it. Passes urine six or seven times daily, a pint at a time, and is also bothered with nocturia. The very same day the urine was examined, which disclosed the following findings :

June 25th, 1914.

CHEMICAL.

Transparency, Turbid.
Colour, Light yellow.
Chemical Reaction, Acid.
Specific Gravity, 1.015.
Urea, 1%, 5 grs. in oz.
Sugar, 1.29%, 6.2 grs. in oz.
Acetone, Present.
Diacetic Acid, None.
Indican, Little.

MICROSCOPICAL.

Under organic sediment the findings of note were: many pavement-form epithelia, a few leucocytes, not much mucus, and many bacteria.

Under inorganic sediment nothing of an incriminating character was found of a crystalline or amorphous nature.

I immediately opened up a wound, caught up the blood in a clean vessel and potentized the same to the tenth decimal. I gave her directions to take the same every two hours, asking her at the time not to stint herself as far as the diet went. She turned up on the 10th July. It was quite unnecessary to ask her how she felt as she fairly beamed over with gratitude. In the interim the amount of sugar had dropped from 1.29% to 0.2%, which tells us that she is now voiding only one grain to the ounce, whereas before my treatment she was eliminating 6.2 grains. There was no albumen in the second test either. Her pruritus had wonderfully improved. Before it had been incessant. Now she told me she only found herself scratching once a day. The vulvar itching has practically ceased altogether. Before the exhibition of the remedy she could hardly sit still. The nocturia has bettered remarkably as has the dryness of the skin. On the 14th July she again reported. Urine down to 1.013 now, it was 1.015 on the 10th July. Only a trace of sugar was now found. Case still under my care. Have not seen the patient lately.

CASE 3. John E.P. A retired gentleman. Patient is sixty-eight years of age. The trouble started with him five years ago. When on a trip to the Atlantic Coast he found himself quite unable to keep awake while engaging in a friendly game of cards. After this he developed great itching of the skin and experienced very considerable difficulty in voiding urine, passing the same every few minutes; he used to get up at night six to eight times. His family history was none too good, as he had a brother die of the disease

subsequent to an operation for gangrene of the toe. He came under the treatment of an excellent prescriber who aided him along the rough spots for years. He averaged, on the whole, as far as the specific gravity went, about 1.035 and he had about 2 per cent. of glucose in his urine. He drew a lot of insurance all these years and never did any more work than he had to. On the 16th of June, or thereabouts, I began treating this man with his own blood. I used in this case Hahnemann's Scale instead of Hering's, and "ran it up" by hand to the 10th in a stout bottle. Over 100 knocks were used at each dynamization. (Dilution is a poor term and really is incorrect. Succussion and dilution is *dynamization and not dilution*.) On the 16th of July urine was again examined. It had dropped to 120 and there was no vestige of sugar found after a very careful testing. Medicine was given every two hours and patient ate moderately of the starches and sugars. In conclusion I would like to state that I should advise anyone interested in this method to give it a thorough trial. I feel confident that more cases will be forthcoming as to its eminent practicability. All we are interested in is cold and unvarnished facts in a thing of this kind. Personally there is no reason why this method should not be extended very widely and the dynamized blood in Chlorosis, Leucæmia, Pernicious Anæmia and especially in any bacteriemas should be given a fair trial. Should the method I have advocated for diabetes prove true in all cases at all curable, it will only be another link in the chain of concrete evidence that the law of similars in the domain of therapeutics is true and valid.

SUMMARY OF CLINICAL EVIDENCE ON THE USE OF TUBERCULIN.*

By C. E. WHEELER, M.D., B.S., B.Sc. Lond.

(Assistant Physician to the London Homœopathic Hospital.)

My duty is to present in as clear a form as possible the results of the experience with Tuberculin of such

* Presented to the Annual Congress, July 1914.

homœopathic physicians as have given evidence. We may probably conclude that all (or nearly all) who have made much use of it and value it have contributed their experiences. If that is so, then it must be taken to be a remedy which is not very extensively used, for replies to the Committee's questions have only come from a minority of our body, and of those a few, after extensive use, doubt its value. However, there is enough evidence to be worth recording. I propose to summarize it under two headings. A. The class of case for which benefit is claimed, and indications for the remedy; B. The preparations that seem most valuable, and the mode of administration preferred.

A. Tuberculin in one form or another is most usually prescribed on a basis of bacteriology—that is to say when tubercle bacilli are present that fact is held to be a sufficient indication for the remedy. There is good evidence that this method is often successful, but probably it tends to become too much a routine method, and it seems from the records desirable to discriminate between cases. The uncertainty and difficulty arise chiefly with tuberculosis of the lungs. Setting this disease aside for a moment, there is ample evidence of the value of the remedy in surgical tuberculosis; tubercular glands, ulcerations, sinuses, abscesses, disease of bone, of peritoneum, can all be quoted as diseases upon which testimony agrees. It is true that other remedies are frequently used, but we have the evidence of enough physicians who have used the remedy alone, to make us fairly confident that the other doctors are justified in claiming many of their results for Tuberculin. In lupus the results are variable, although a very good case of Lupus Erythematosus is recorded.

In chest diseases there is more divergence of opinion, but the majority believe that Tuberculin is valuable in tuberculosis of the lungs, and many are prepared to use it, not only in early cases, though some would restrict its use to these. A large number agree that it is useful in chronic but not obviously tubercular diseases, *e.g.*, Broncho pneumonia, after the acute stage, even Bronchitis. This leads on to the use made of the

remedy by the more exact prescribers. These give it on certain indications, whether these symptoms accompany the presence of tubercle bacilli or not, and on a family history of Tubercle. This latter ground, it should be noted, is held a good reason for giving Tuberculin by many physicians, even for not obviously tubercular diseases. The symptoms that are held to indicate Tuberculin are mainly of the order of modalities, namely, marked desire for air, with preference for cool air, < any change of weather, craving for sweet things ; add to these easy sweating, dusky, sensitive skin, and especially tendency to catarrh, catching cold readily, and we have a picture which, though a little vague, can nevertheless be distinguished from many other general conditions. When these symptoms are present in a chronic disease, the use of Tuberculin is held to be justified. Adenoids and allied conditions are often thus treated, and osteo-arthritis may respond in a remarkable way. Burnett's old observation of the frequency of minor parasitic skin diseases (*tinea versicolor* for instance) in the tubercular holds good, and although the immediate treatment of the disease is parasiticidal, it is held by several good practice to regard these skin diseases as indications for Tuberculin.

I wish, as one who has used Tuberculin a good deal, to make a final commentary on all the aspects of the question at the end of this paper. At this stage it may be taken that our evidence shows us a large number of physicians enthusiastic for the use of Tuberculin in gland cases and surgical cases generally ; a smaller but still good number ready to value it in Phthisis Pulmonalis with a reservation by some in favour of early cases ; and a few using the drug like any other remedy in our *Pharmacopæia* on symptomatological grounds alone without undue weight being given to Bacteriology.

B. Many preparations have been used, but they fall into two classes. The overwhelming majority of our physicians use potencies and give them by the mouth. This is natural, as Burnett's work began the use of Tuberculin before it was an orthodox remedy, and his method thereby got the start with us. Those who use

the hypodermic method use the modern preparations in use among the dominant school, principally the varieties of Koch Tuberculin, though Tub. Bérameck and Rosenbach were their advocates. Spengler has only one follower among our reports, and that one reserves his judgment. The users of the hypodermic method employ also the ordinary dosage. The users of potencies use them always in unit doses repeated at intervals of a week or longer, and in potencies 6, 12, 15, 30, 200, and higher. 30 and 200 are the favourites. Here, too, there are different preparations, Tuberculin Koch and Heath, Bacillinum, and Tuberculinum Bovinum. It may be said at once that there is no clear evidence given that will enable final conclusions to be drawn with regard to method of administration or best preparation, but the experience of homœopathic physicians is emphatically in favour of the use of potencies by the mouth. Beyond that there is nothing to show that Bacillinum differs essentially from Tuberculinum, or that the indications for Tuberc. Bovin. are clear. One physician prefers Bacillinum for mixed infections, but his is the only evidence that draws this distinction. The users of Bovine Tuberculin probably are influenced by the teaching of Dr. Nathan Raw, but they do not describe their varying indications. Similarly with the users of the hypodermic method. Good results are claimed for all the forms of Tuberculin used, and we can only conclude that they all contain a principle of value. Nor is it at all clear that there are classes of cases specially suitable to one form of administration or to one preparation. On the whole, whatever the method used, experience seems to show success in much the same classes of cases, and there are men who have tried both methods and many preparations and failed with all, and men who have succeeded with all (but yet cannot associate one class of case with any one method or preparation), and men who have had success in one way and men who have had similar success in another. Indeed, with regard to preparations and methods it is probably mainly a question of preference for which no very clear reasons can be given. The bulk of evidence is in

favour of potencies given by the mouth, and there is no case established for any one preparation.

Now this may seem to be a rather meagre and unsatisfactory result. However, if we face it for what it is, there is more gain in it for us than may at first sight appear. There is good evidence that Tuberculin is a drug of value, and the way is clearer now for those more extended experiments which alone can help us to precision in its use. There are two possible explanations of failures, and here, as elsewhere, it is the comprehension of the failure of a drug (if recommended with any good reason) that helps us most.

First, the drug may be wrongly chosen. More and more, if I may now speak with an emphasis purely personal, I come to believe that to regard the presence of a germ as cause or part cause of a disease, is not *in itself* sufficient reason for administering the corresponding vaccine. To begin with, we may under-rate the importance of concomitant infections. Much has been done of late years to meet this objection, and to-day we most of us realize the mixed infection as a thing to be treated with a mixed vaccine, but our practice is not yet equal to our theory. Particularly, in my judgment, we want more potencies of mixed vaccines, both autogenous (the best) and stock. Tubercl plus streptococcus in variety for instance. Bacillinum should be systematically used for mixed infections in preference to Tuberculinum till we have material for judgment of its relative value, and other strains of better known origin should be potentized. There is room, too, for much experiment, clinical experiment, with preparations further from "identicals" and nearer "similars." For instance, the use of Bovine Tuberculin in conditions supposed to be due to T.B. of the human type is a sound theory that demands much more extended practice than it gets. Possibly, Friedmann's Tuberculin may be similarly used. Béranec and Rosenbach Tuberculin are modified further away from "identicals"—can they not be used more systematically than hitherto? Aviaire is unmentioned by any of our contributors, but I have occasionally found it of value, particularly in acute cases of Pulmonary Tuberculosis.

Then there is the Pneumococcus. We know now that this organism can produce chronic diseases of a kind directly comparable to that produced by Tubercle. The two infections are, in my judgment, antagonistic, but their pathology is so similar that to use potencies of the one for the relief of the other would seem to be reasonable. Finally, it is possible that in many cases, although germs are present as causal agents of disease, yet there is no need for germ preparations. I have before suggested this consideration to my colleagues, but venture to do it once more. A patient may become invaded by a disease germ through a lapse of efficient defence, that may, nevertheless, be only temporary. The stimulus of disease may call out a defence quite efficient, if time is given, to rout the invader. If this normal mechanism of defence is working well (and natural recoveries, unaided by any remedies, show that this is 'no imaginary possibility'), then to administer vaccines, potencies or otherwise, is very likely to disturb rather than to aid. When such cases flag, that flagging may mean, not that the bacterial defence mechanism is inadequate, but that the burden of the disease has brought to light weakness elsewhere, a failure of some other organ or secretion, and that that failure is the need crying out to be treated.

How are such cases to be recognized? I can only suggest to you that we fall back on our century-old teaching and consider the sum of the symptoms and prescribe accordingly. That means that we should only give Tuberculin when symptomatically indicated, and I, for my part, believe that those of our contributors who follow this plan are on the right road. True, we have no very exact pathogenesis of the drug. It is a picture compounded mainly of clinical symptoms, but nevertheless it begins to take shape. I outlined it for you a few minutes ago, and the more we search for indications for the use of the drug the sooner we shall have a recognizable picture to work with. When Tuberculin is not indicated symptomatically then should it never be given? Till we know more of its symptomatology that may seem a hard conclusion,

but I do suggest that it be given, if at all, very cautiously, and preferably in the preparations remoter from human Tuberclie (I am thinking now mainly of Pulmonary Tuberculosis) such as Rosenbach and Tub. Bovinum. If there is any other drug simillimum clear it should be given confidently. A gain from using Tuberculin as a proved remedy on its symptomatology is that it can then be given in diseases not obviously tubercular. Some cases of chronic arthritis in particular will benefit very much. The indication of Tuberclie in a family history, too, if the case is not itself very clearly tubercular, is generally sound in practice.

But Tuberculin may be indicated yet given in wrong dosage, and this may be another source of failure. Here we stumble and shall stumble for so long as we lack enough experimental data to found an opinion on. But I will venture to set up certain signposts with diffidence, asking for further experiment, yet as representing the sum of my experience. In surgical Tuberculosis generally, it is seldom necessary to go beyond potencies, and here, as a rule, the higher (30, 200) are best, in infrequent doses. But if potencies fail the use of the more massive dose should be considered, and these should be injected. My favourite preparation is Rosenbach T. In Tuberculosis of the urinary tract I think larger doses are more often needed, and seldom begin with potencies there.

In Pulmonary Tuberculosis, however, we are on more difficult ground. Here I would always begin with potencies, and as a general rule, the more acute the case, the lower the potency, down to 6 or 12. I seldom go lower, and 15 is a favourite. The effect of each dose must be watched, but often these cases will stand more frequent repetition than chronic cases. For mixed infections use Bacillinum pending the preparations of a mixed vaccine potency, and Bacillinum 30 is not too high. The autogenous potencies I use about 12x. If careful use of these fail and if the symptoms still are in favour of Tuberculin then consider an allied Tuberculin, T. Bovinum or Aviaire. These can be given higher, and the last can be

frequently repeated. If Tuberculin indications are very clear use it alone, but otherwise give an intercurrent remedy, only keep that in low potency. I know no drug so valuable in acute and sub-acute cases as *Iodine*, though *Phos.*, *Arsen.*, *Sanguinaria* are sometimes indicated, and the serpent poisons are not nearly enough thought of in these cases.

In chronic cases, the intercurrent is not so often needed, though iodides of *Ars. Calc.* and *Barium* have often a place. Here, if you watch reactions well, you can give high potencies of Tuberculin, and in my judgment potencies are better than more massive doses. But the massive dose injected has a place in the acuter forms of the disease. It should never be given to begin with, and very seldom if potencies have altogether failed, for its use has dangers even in small doses, but if a case react favourably to Tuberculin in potencies, and if Tuberculin seems indicated, yet its effect is transitory, then give an injection or two, preferably of Rosenbach T. I saw with Dr. Hall once a most remarkable lung case. If it was not Miliary Tuberculosis I have no diagnosis for it. It had all the physical signs and symptoms, though (as usual) the T.B. were not isolated, as sputum was hardly present at all. This case reacted very little to treatment, but Tuberculin given in single doses always seemed to influence the temperature. Beginning with a medium potency, the doses were given lower and lower, always with some result, though never with one of any permanence, but, encouraged by this experience, he finally received .005 cc. of Rosenbach Tuberculin, a very small dose. It was, however, sufficient, the temperature fell after having kept up for months, and never went up again. All the symptoms cleared up as if by magic and the solidity of the recovery has withstood the lapse of nearly two years, during which time I understand the health has been excellent. Now it is not absolutely certain that this was a case of Tubercl., but nothing could be clearer than that Tuberc. was his remedy, only he required the less potentized dose to effect a cure. It is this problem to which we should address ourselves; we are far too apt to have favourite

potencies, high or low, but until we get systematic experience recorded we shall make no progress towards a certainty of dosage in the least comparable to our certainty of drug selection.

You may think, perhaps, that I have given you too much personal and not enough collective experience, but the truth is that, as yet, collective experience shows little more than that all sorts of methods have met with success; and the only way to deal with it is to compare it with one's own results, although they too are far from systematic.

It was an admirable plan to initiate this attempt to bring our knowledge to a focus. The results are far from vain as they stand, but if they lead us to greater efforts after precision and better success in keeping our records, then this Congress will be truly a memorable one.

THE latest cure for obesity—on the true homœopathic principle of the hair of the dog that bit him—is fat or wax baths. Dr. Barthe de Sandfort prescribes his wax bath treatment in rheumatism, gout, sciatica, obesity, lumbago, neuralgia and “similar ailments,” in which we presume our cerate specialist includes broken legs and small-pox. “ You will notice,” said the doctor, “ the ordinary very hot bath produces a reddening of the skin.” We agree. For long the test for a bath has been to take an ordinary baby—obtainable in any respectable household—and insert it in the doubtful liquid. A red coloration of the indicator shows the bath to be too hot; a blue tint is indicative of excessive cold. The wax bath does not give this reaction. “ The blood, instead of rushing to the surface, seems to be driven back . . . shortly after the patient experiences a healthy glow such as follows a cold tub and a rub down.” Now we know all about it. The centripetal flow of blood does the trick. This is how the list of “ similar ailments ” gets its knock-out. Let us look on the black side. So much depends on the heating apparatus. Fancy the fate of a luckless mortal if the fire went out. Imprisoned in slowly solidifying wax, he could realise the awful premicroscopic fate to which we daily subject bits of tissue. He would be a veritable fly in hard paraffin, and a fit candidate for Nero’s Christian illuminations or Madame Tussaud’s. And all this risk for what can admittedly be got from “ a cold tub and a rub rub down ! ” What is the attraction ? The cost. The treatment consists in twenty baths—at half-a-guinea a bath, or if taken at home a guinea a bath. We begin to see that there may be advantages in Dr. de Sandfort’s treatment—for Dr. de Sandfort.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

RECEIPTS FROM AUGUST 16TH TO
SEPTEMBER 15TH, 1914.

GENERAL FUND.

	<i>Subscriptions.</i>	<i>f s. d.</i>
E. Carr, Esq.	1 1 0
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Dr. A. H. Croucher	1 1 0
Miss E. H. Burney	1 1 0
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Miss Agnes Skelton	2 2 0
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MAINTENANCE AND ADMINISTRATION FUND.

Donation.

C. W. A. Stewart, Esq.	1 0 0
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An Emergency Meeting of the Executive Committee was held at Chalmers House on Tuesday, September 1st.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, September 15th.

In the present urgency the Association is issuing the following appeal :—

HOMœOPATHISTS AND THE WAR.

In the national emergency all the important national organizations are taking their part.

The Homœopathic Hospitals throughout the country are not behind-hand. The London Homœopathic Hospital has put 150 beds, *free*, at the disposal of the Naval authorities, and this offer has been gladly accepted. Moreover, doctors and nurses from the staff of this hospital have gone to the front, and homœopaths do not need to be told that *their* patients will have at least as good a chance of rapid recovery as any under treatment.

The Needlework Guilds in connection with the Homœopathic Hospitals are already beginning their winter activities, earlier than usual, in view of the War needs, and grants to them for purchase of materials would be of very practical assistance.

The provincial hospitals, too, are doing what they can—Liverpool, Norwich, Plymouth, Tunbridge Wells, and others. The Plymouth Homœopathic Hospital in particular, with its valuable and varied experience of accident cases, has had its offer of beds accepted by the Admiralty, with the gratifying observation by the visiting officers that the hospital was “a model for convenience and equipment.” Norwich, where the Red Cross Medical Officer is one of our homœopathic doctors, has equipped a hospital of ninety beds, with this same doctor as Resident, and this has been accepted by both the Naval and Military authorities.

The British Homœopathic Association is making special donations to such institutions to aid them in this special work of theirs in connection with the War, and all homœopaths who are, like every other British citizen, anxious to help the country’s need in some special way, are asked to make their War Hospital contributions through this organization, the British Homœopathic Association, which is now directing its funds to the assistance of those homœopathic hospitals which have responded, with the skilled services of their

staff and the efficient equipment of their buildings, to the national call on behalf of the wounded. By the concentration of many contributions the Association can thus utilize to the full even the smallest sums put at their disposal.

The Association confidently appeals to all British homœopaths for generous assistance in this special time of need, and any donations sent to the Secretary, British Homœopathic Association, Chalmers House, 43, Russell Square, W.C., will be promptly and gratefully acknowledged.

CARBOLIC ACID IN THE RAILWAY CARRIAGE.—Desirable as it is to keep the railway carriage free from disease germs, there is no reason why the method adopted should leave behind a smell which is suggestive of the fever ward or worse places, and disagreeable to most people. Yet it is the practice of certainly more than one railway company in this country to use a carbolic preparation for the purpose which leaves behind it the persistent odour of the tar acid. It is not conducive to comfort to spend a long journey in an atmosphere which however suggestive of hygiene is also fraught for many with painful associations, and cannot by any one be considered elegantly perfumed. And there is no reason why the traveller should be subjected to the nuisance, since the disinfecting process can be done in other ways which should give no offence. Possibly the management of the company consider that in the public view the smell of carbolic acid amounts to a conviction that something really sanitary has been done, and that if no evidence is left behind in the shape of a distinctive smell the company might be regarded as having been neglectful in applying common hygienic measures. We doubt whether the application of chemical germicides in the quantity, perhaps in soaps, which is employed has so good an effect as a thorough airing of the compartment, a careful washing of the floors and window frames, coupled with a good dusting of the cushions, preferably by a powerful vacuum plant. It is fairly certain that the merest traces of carbolic acid, as indicated by the faint but sickly smell which is left behind after the performance of a cleaning process by carbolic preparations, cannot be trusted to keep the air for any practical purpose permanently free from obnoxious germs. Apparently the treatment is reserved for third-class compartments, since the carbolic smell at any rate is seldom observable in the first-class carriage. Of course the crowded portions of the train are in most need of disinfection, but surely it is not necessary to do this in a way suggestive of lavatory cleansing. If, too, the use of a germicide fluid is insisted upon, there are plenty of agents which would be equally effective while infinitely more agreeable for the purpose.—*Lancet*.

EXTRACTS.

A CASE OF MERCURIAL POISONING WITH ANURIA LASTING SEVEN DAYS.

By EDWARD S. CALDERWOOD, M.D., Boston, Mass.

MISS F——, a well nourished and healthy appearing young woman of twenty-four years, took five of the ordinary mercurial tablets in a glass of water, probably with suicidal intent, late Wednesday night, March 5th. She said that she began to vomit a short time after taking the draught. A physician was called, raw eggs given, and the stomach pump used. According to her story she had a great deal of pain and vomited considerable blood during the night, and passed blood from rectum and bladder. The next day, Thursday, the urine changed from blood to a muddy fluid and was scant. The last she passed before entering the Hospital was a small amount on Thursday afternoon.

She entered the Massachusetts Homœopathic Hospital Saturday morning, March 8th. Her face was flushed, lips dry and red, mind was clear, and there were no signs of prostration or collapse. She complained of burning sensation in the throat and all through intestinal tract, frontal headache and pain in lumbar region; was vomiting greenish fluid mixed with blood and said she had kept nothing on her stomach from the start. The gums were dark, swollen, with a few ill defined small ulcers, the tongue was very red at tip and edges, coated over the centre, breath was very foul, with metallic odour, heart and lungs were negative, abdomen tender and somewhat tympanitic, reactions normal.

Her condition remained about the same, and she was fairly comfortable, sleeping the greater part of each night, until the 14th. Diarrhoea set in on the 10th, and persisted for five days, the stools being mostly mucus and blood, and passed with considerable pain. The ulceration of the mouth grew steadily worse until the 15th, when large necrotic areas had developed and blood was constantly oozing from her mouth and being vomited. Also at this time there was some salivation,

a slight hacking cough, throbbing, occipital headache, and a numb sensation in the right leg. Blood pressure was 100.

After this day the stomatitis improved rapidly, but the headache increased in severity, the nights were sleepless after the 13th, and she complained of intense pain at first in the abdomen, and later all over, which increased in severity until at last she was in terrible agony, which opiates would not relieve.

She passed no urine from the afternoon of March 6th till the afternoon of March 13th, seven full days, save one ounce of thick fluid which was drawn by catheter on March 9th. On March 13th, 3 p.m., she passed half-ounce, March 14th, 3 a.m., seven ounces, same day, 3 p.m., seven ounces, March 15th, 3 a.m., seven ounces, and in the afternoon, five ounces. The urine which was drawn by catheter on the 9th contained a large amount of albumen, masses of renal epithelium cells, a few blood disks and some fine granular casts. That of the 14th had albumen and epithelial cells but no casts.

The patient died at noon of the 16th after suffering forty-eight hours of steadily increasing agony. She was conscious to the last and had no symptoms of uremia.

The temperature was slightly subnormal throughout her sickness, the pulse ranging from 80 to 100 but was seldom above 100 till the day she died.

Leucocyte counts :

March 9, 26000 neuts. 87 per cent.

March 13, 20600 neuts. 87 per cent.

March 15, 28000 neuts. 89 per cent.

No stippling of reds or evidence of cellular degeneration.

New England Medical Gazette.

HYPERCHLORHYDRIA.

The indications for homœopathic therapeutics are as follows :—

Robinia 3x.—Acid dyspepsia with weight in the stomach and eructations of a sour fluid; fluid so intensely sour that it sets the teeth on edge.

Conium 6x.—Amelioration from eating and aggravation a few hours after meals; patient complains of acidity and burning and always indicates the level of the sternum as the painful spot; patient eats for relief of pain, not because he needs it.

Magnesia phosphorica.—Burning of the stomach; eructations; abdominal tension and constipation.

Chininum arsenicosum.—Intense desire to drink which is not borne well. Satiety after a few mouthfuls of food; belching of gas, and food seems to lodge behind sternum and is finally vomited undigested.

Argentum nitricum.—Violent efforts at belching gas which rise to a certain point when a sudden spasmodic contraction prevents its escape, but is finally expelled with loud report. Radiating pains relieved by pressure. Gastralgie.

Anacardium.—Faint feeling one or two hours after eating; sour eructations; all symptoms relieved by eating; violent gastralgie and urging to stool which passes off on going to stool.

Hydrastis.—Sinking in the stomach; weakness from diarrhoea for a long time; atonic dyspepsia; eructations and some nausea; large, flabby, slimy tongue.

Pulsatilla.—White coated tongue; dry mouth and no thirst; there is a sensation of fulness after eating and stomach feels as if ulcerated; distress comes on about two hours after eating, also shifting flatulence. This remedy is more strongly indicated if these symptoms are brought on by eating cakes, fats, rich and greasy foods.

Lachesis.—Food becomes excessively acid in the stomach.

Petroleum.—Gastralgia and pyrosis relieved by eating; aversion to fat foods and to meat.

Capsicum annum.—Burning in the mouth, stomach and intestines; in giving this remedy the mucous membrane along the digestive tract is irritated and an increased secretion is provoked.

Natrum muriaticum.—Violent thirst, waterbrash, and a feeling of weakness and sinking in the stomach; aversion to bread.

Carbo vegetabilis.—A very important remedy. Great burning in the stomach extending into the back; distension of the stomach and bowels; temporarily relieved by belching; flatulence often gives rise to asthmatic breathing and dyspnœa.

Nux vomica.—Abnormal hunger or impaired appetite preceding attack of dyspepsia. Bitter, sour eructations, which are painful; also nausea; patient thinks if he could vomit he would feel better; pains come on about one-half hour after eating, starting in the epigastrium and radiate in all directions.

Ipecac.—Nausea and vomiting which are followed by exhaustion and sleepiness; trouble arises from fat food, pork, pastry, candy, etc.

Iris.—Severe burning and distress of the stomach; vomiting of excessively acid material with distress over the liver.

Bryonia.—Food distresses patient as soon as he takes it; it lies in the stomach like a hard load.

Sulphur.—Bitter taste in the morning; putrid eructations; satiety after a small quantity of food; there is a desire for sweets which make him sick, causing a sour stomach and heartburn. Canine hunger and craving for spirits.

Grindelia.—Corresponds to a paresis of the pneumogastric nerve with asthmatic troubles and hyperæmia of the gastric mucous membrane.

Lycopodium.—Desire for sweets which is preceded by ravenous hunger; satiety after a few mouthfuls; sour taste; sour belching and sour vomit. Belching of gas does not relieve.

IS PELLAGRA A DEFICIENCY DISEASE?

The incidence of pellagra is undoubtedly increasing in some parts of the world, in the southern part of the United States, for example, but unfortunately, the etiology of the disease remains, so far, undetermined. Much time and labour have been spent in researches on this malady, and especially in attempts to discover its specific parasite, all equally unavailing. The attention of some investigators has lately been

directed to the question whether, after all, pellagra may not properly be classed among the so-called deficiency diseases. One of the foremost exponents of this view is Captain Edward B. Vedder, of the Medical Corps of the United States Army, who is well known by his work on experimental beri-beri in the Philippine Islands, and who not long ago explained his opinions regarding beri-beri and pellagra in the *American Journal of Tropical Diseases*. It is suggested that the increased incidence of pellagra in the United States coincides with the introduction of modern methods of milling maize and other cereals, the new process depriving the grain of the vitamines contained in its superficial layers. If pellagra is a deficiency disease its relation to maize is similiar to that of beri-beri to rice. The consumption of maize itself is not injurious, but when it or other cereals under modern methods of preparation are too exclusively used a deficiency arises of some unknown substance, or vitamine, necessary for metabolism; when the whole grain is used this deficiency does not arise. Pellagra may originate from other articles of diet, apart from maize, when they do not contain a sufficiency of the pellagra vitamines. Decorticated maize as a staple article of diet is likely to cause pellagra just as the consumptiom of over-milled rice for any length of time will give rise to beri-beri. There are reasons for believing that a too exclusive diet of canned food, in which the vitamines have been altered or destroyed in the course of preparation, is liable to cause or at least to assist in causing diseases of the deficiency class. Another champion who has entered the lists in favour of the deficiency theory of the origin of pellagra is Surgeon Joseph Goldberger, of the United States Public Health Service, who has quite lately set out his views on the subject in the official journal, *Public Health Reports*, calling attention specially to certain epidemiological observations, the significance of which has not yet, he thinks, received the attention which it deserves. He brings forward a number of reports and details of gaols, asylums, and other

public institutions in which pellagra has attacked the inmates, but leaving untouched the nurses, attendants, and other employees living under precisely the same conditions and often in close association with those who were attacked. In some instances the disease developed after ten or even twenty years' residence in the institution. If pellagra be a communicable disease these facts are difficult of explanation; neither "contact" in any sense, or yet insect-transmission of the virus, explains the different incidence in the two classes. Dr. Goldberger seeks an explanation in a difference in the diets. It is true that in some establishments the staff and inmates have separate dietaries, but in other institutions the diets of both groups are nominally the same. But closer inquiry shows in the latter that there is a difference also, for the employees have the privilege, which they invariably exercise, of selecting the best and greatest variety of food for themselves; moreover, they have opportunities, which are denied to the inmates, of supplementing the institutional dietary from various sources. It is now generally recognised that pellagra is often associated with poverty and poor living, and that the disease more frequently occurs in rural districts than in towns. There is plenty of poverty in cities, but pellagra does not manifest itself in such places. This exemption is explained again by differences in diet. Studies of rural and urban dietaries have been officially made in some parts of the United States, and it is thereby shown that on the whole, the poorer classes in the cities have a more varied diet than the same kind of people living in rural areas. One report states that "except in extreme cases the city poor appear to be better nourished than the mountaineers" (of Tennessee). Examination of some institutional dietaries reveals a higher proportion of cereals and vegetables than is found in the food of the comfortably-off classes. Though the consumption of maize and its products is not essential for the origin of pellagra, this does not mean that maize and its products, however nutritious and however high

in caloric value they may be, are not objectionable when forming by themselves, or in combination with other cereals, a large part of the usual diet of individuals. Dr. Goldberger urges that, pending the settlement of the precise causation of pellagra, efforts should be made to prevent the occurrence of the disease in institutions by improving the dietary, reducing the amount of cereals and vegetables and canned foods so largely used in the United States; and that an increase should be made in the amount of fresh animal food, including fresh meat, eggs, and milk. The origin of pellagra is being examined at present in various countries by commissions, committees and private investigators; in addition, we learn from Dr. Goldberger that "intensive studies" along the lines above indicated are being conducted by experts belonging to the United States Public Health Service. These combined researches attacking the problem from different points must, we think, succeed before long in throwing light upon the etiology of pellagra. Meanwhile, the views put forward by Captain Vedder, Surgeon Goldberger and others seem to deserve careful consideration by all who are engaged in studying this important but puzzling malady.—*The Lancet*.

VARIETIES.

KUBISAGARI.—An examination paper set by students for their examiners is no doubt unlikely to become an accomplished fact, though to many a student the alluring possibility must have occurred. If such a paper were set in medicine it might well open with the question "State what you know of kubisagari." The candidate could not take shelter behind the excuse that the matter is one that has not received attention in the text-books, for it is briefly described in Sir William Osler's well-known text-book of medicine. Kubisagari is a disease occurring in two small districts only, so far as is known; the one in North Japan, the other on the Franco-Swiss Frontier. Doubtful sporadic cases have been reported elsewhere, but in these two widely separated areas the disease appears to be endemic. In both there is a seasonal incidence, beginning in May and June, reaching its

height in July and August, and ending in October or November. Dr. P. L. Couchoud, who contributes an interesting paper on the subject to the *Presse Médicale* for April, tells a story which shows the origin of the Japanese name of the disease. A young Japanese practitioner had just settled in a rural district in North Japan, when one day he found a peasant at his door with his head bent forward on his breast. When questioned as to what he wanted, he was at first unable to speak, but he was soon able to explain that he was "kubisagari" (drop-head), the name given by the villagers to a complaint to which they had long been subject in the summer months. The symptoms are paresis of various muscles coming on suddenly during use of the affected parts, disappearing with the rest, and returning with attempts to put them into action once more, loss of vision developing in the same rapid manner, and vertigo. For example, during milking the victim finds his hands become numb and useless, the head falls forward against the cow, and he rolls over on the ground. Gerlier, who was the first to observe the French cases, found that there was a flaccid paralysis of the extensors of the fingers. Each attack lasts about ten minutes, but one bout may run on into another. Various muscles may be affected, but fatigue is an essential provocative. As soon as the autumn comes recovery ensues in all cases. The attack usually begins in the afternoon, when the patient is tired; the duration of the illness is variable up to five months. In spite of deliberate and exhaustive study in both the districts affected, nothing of importance was discovered as to the etiology, apart from these data—that cats and poultry might be affected, and that there was an indubitable connection between the incidence of the disease and work in certain particular stables. It appears also that suckling infants are liable to acquire the malady if the mother is suffering from it. It is not to be wondered at that an infective origin should have been suspected, and it is mainly with the purpose of describing his bacteriological researches that Dr. Couchoud has written his paper. His positive findings are briefly as follows. From the cerebro-spinal fluid and from the milk of persons suffering from the disease he was able to cultivate a micrococcus grouping like a staphylococcus, growing on agar, not liquefying gelatine, and Gram-negative. Injections of cultures into cats reproduced the characteristic symptoms in two or three hours in a large majority of the experiments. Dr. Couchoud acknowledges that his observations must be confirmed by other observers before they can be generally accepted, and he points to the scientific interest of this singular disease as an inducement to research in a somewhat restricted field.

The Lancet.

STICTA.—A nervous, dry, incessant, hacking cough, sometimes in spasms like whooping cough. Usually a remedy for nervous reflex cough and whooping cough, but occasionally the incessant irritating cough of measles. Although nothing seems to ameliorate the cough of *sticta*, it is decidedly worse towards evening, or when the patient is tired.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Binet** (Alfred) and **Simon** (Th.). *Mentally Defective Children.* Cr. 8vo, pp. 192. (E. Arnold. Net 2s. 6d.)
- Bolton** (Joseph Shaw). *The Brain in Health and Disease.* 8vo, pp. 494. (E. Arnold. Net 18s.)
- Davies** (H. Morriston). *A Manual of Minor Surgery and Bandaging.* (Health, Pollard.) 15th ed. Cr. 8vo, pp. 478. (Churchill. Net 7s. 6d.)
- Fraser** (John). *Tuberculosis of the Bones and Joints in Children.* Edinburgh Medical Series. Royal 8vo, pp. 368. (Black. Net 15s.)
- Gould** (Pearce). *Elements of Surgical Diagnosis.* 4th ed. Illustrated. 12mo, pp. 738. (Cassell. Net 10s. 6d.)
- Gunson** (C. H.). *Standard Prescriptions for Insurance Practice.* 32mo, interleaved, pp. 102. (Scientific Press. Net 1s.)
- Holland** (F. W. Crossley). *The Pharmacy Handbook.* Oxford Medical Publications. Cr. 8vo. (H. Milford. Net 6s.)
- Lejars** (Felix). *Urgent Surgery.* Vol. I. Illustrated. 3rd English impression Royal 8vo, pp. 630. (Simpkin. Net 25s.)
- Mercier** (C. A.). *A Text-Book of Insanity and other Mental Diseases.* 2nd ed. (entirely re-written). 12mo, pp. xx.—348. (G. Allen. Net 7s. 6d.)
- Muirhead** (W. Alex.). *Practical Tropical Sanitation; a Manual for Sanitary Inspectors and Others.* Illustrated. 8vo, pp. 302. (J. Murray. Net 10s. 6d.)
- Norman** (Alfred C.). *Practical Medical Electricity. A Handbook for House Surgeons and Practitioners.* Cr. 8vo, pp. 234. (Scientific Press. Net 5s.)
- Oxford** (M. N.). *Nursing in War Time. Lessons for the Inexperienced.* 12mo, pp. 128. (Methuen. Net 1s.)
- Swietochowski** (G. de). *Mechano-Therapeutics in General Practice.* Illustrated. Cr. 8vo, pp. 156. (H. L. Lewis. Net 4s.)
- System of Operative Surgery.** Edited by F. F. Burghard. New ed. in 5 vols. Vols. 1, 2 and 3. Royal 8vo. (Oxford Medical Publications). (H. Milford, each net 2s.; Vol. 4, net 24s.; Vol. 5, net 18s.; per set, net 84s.).
- Tomes** (Charles S.). *A Manual of Dental Anatomy, Human and Comparative.* 7th ed. Edited by H. W. M. Tims and A. Hopewell-Smith. 8vo, pp. 624. (Churchill. Net 15s.)
- Welham** (Sydney). *A Manual for Nurses.* Cheaper ed. Cr. 8vo, swd., pp. 250. (Mills & Boon. Net 1s.)

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Dutt, Calcutta.—Dr. Overpeck, U.S.A.—Dr. Macfarlan, U.S.A.—Dr. E. A. Neatby, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian. La Homœopathie.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—

Hahnemannian Mon. — Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Från Homœopatens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.—A Message of Health.—Markham Oxygen and Cancer, Cresswell.

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THE
HOMŒOPATHIC WORLD.

NOVEMBER 2, 1914.

HOMŒOPATHY AND THE WAR.

THE tale of activity distinctively homœopathic in relation to war service grows daily. Quite a number of our colleagues are at work abroad. Dr. Petrie Hoyle is in charge of an independent Red Cross unit in Belgium, where also is Dr. Renton and where our friend, Dr. Van den Berghe has sole charge of one of the hospitals in Ghent. Dr. Borland is at work abroad; Dr. Ramsbotham has volunteered, and as we write, has joined Mr. Dudley Wright, Dr. Hare and Dr. Cunningham, who are in charge of a unit for work among the French wounded. At home, Colonel Deane, Dr. Cooper, Dr. Marriott and others are busy, and Dr. Ashley Bird is in charge of a hospital train, whose duty it is to carry sick and wounded to their varying destinations after they are landed. Mr. Attwood, Secretary to the L.H.H., is serving as Captain in the Royal Field Artillery; Dr. Robertson is a Major in the Army Service Corps, and Dr. Rowse is in Malta in the R.A.M.C., medical officer in charge of transport. As citizens, needless to state, homœopathists have their full share of relatives and friends under arms, but the matters mentioned above concern us in our particular capacity as followers of Hahnemann. But this is not all. We have our own trained nurses at work and beds set aside in Homœopathic Hospitals, and there are two further schemes deserving of every

encouragement and support. So far, sickness as apart from wounds has been noticeably absent, much to the credit of the Army Medical Corps, so that the physician, as apart from the surgeon, is less needed. But it is too much to hope that there will not be work for him also, and to meet this emergency if it arises (an emergency with which Homœopathy is specially fitted to cope), Dr. Tyler is organizing as we write a medical unit which shall be definitely homœopathic. Besides herself, we learn that Dr. Mabel Hardie, Dr. Lang and Dr. Dishington are in charge of the work, so that there will be no question of the purity of the Homœopathy. Even, however, among the sequelæ of wounds there are opportunities for homœopathic prescribing, and the International Homœopathic Council (whose British members are to act as Emergency Executive) are arranging to facilitate the systematic collection of experiences among the homœopathists of all nationalities. This should result in a body of statistics of inestimable value. Now all this work requires time, energy, devotion and money. All must be forthcoming for the honour of Homœopathy, and for all we confidently appeal. Inasmuch, however, as it is not always easy to determine which need is the most pressing, we urge all those who cannot give freely to all these causes, to give their subscriptions to the Central Organization, the British Homœopathic Association, at 43, Russell Square, W.C., stating, if they will, the cause which they prefer, but leaving the Central Body free to decide finally where the money can best be spent. In this way, any tendency to overlapping will be avoided and any gifts will prove reinforcements to the "firing-line" of Homœopathy.

NEWS AND NOTES.

HOMŒOPATHY IN ANTWERP.

By the courtesy of Dr. George Burford we have the honour to print a letter from Dr. Petrie Hoyle, written in the latter days of the Allied occupation of Antwerp. Dr. Hoyle was early in the field with a Hospital unit, and needless to say with the flag of Homœopathy flying. His letter speaks for itself, and we supplement it with a few details from the pen of Dr. Burford.

“ British Field Hospital for Belgium.
Ambulance Du Boulevard Léopold, 99.
Sunday—I think—Sept. 27 (?)

“ DEAR DR. BURFORD,

“ We have just been two weeks here in harness, and it seems as many months. On the 12th inst. we received over 150 cases between 5 p.m. and midnight. We worked all that night until far into Sunday night. Three days ago we received ‘orders’ to clear out every case that could be moved to the Convalescent Homes and Hospitals, because of an impending battle. This p.m. (3 p.m.) we have received one load, and hear that we may fill up to-night. I may not go into details or mention names, because of the Censor. Last Thursday and Friday I was at —, a first receiving Hospital, back of the firing lines, and I was left in sole charge, as the Surgeon there had to go off to headquarters, so I was there all night, and I hear this minute that that Hospital (which has had 800 cases in it) is now being shelled by very large field guns—I think we are in for it. Yes—we have had some great work, but names, etc., must not be mentioned—so what is the use of writing. Nothing ever said of the Germans is too bad. Everything you may say is true,

“ Kind regards to all.

“ Sincerely,
“ E. PETRIE HOYLE.

“ *Iodine* is the king pin—though I have had to use *Calendula* with *Glycerine* to several very septic wounds, and *Calendula* at once cured or overcame strepto- and staphylococci, and overcame the stench.

"I have cured some cases of diarrhoea with *China* ♀ and *ix*, and others with *Colocynthus*.—E.P.H."

Dr. Hoyle was on duty at the British Field Hospital in Antwerp until the bombardment had actually commenced. When the houses on either side were in flames, the sick and wounded in Hospital, having been dressed earlier in the night, were hastily transported by several Piccadilly motor omnibuses down to the Scheldt, and there safely embarked. To Dr. Hoyle was given the post of honour of medical guard to the first convoy. He speaks enthusiastically of the courage and devotion of his corps of nurses, who on the tops of the vehicles inspired cheerfulness and courage among their patients. The voyage to England safely over, Dr. Hoyle received a call to rejoin the Hospital at Ostend. But the "inner guard" of warships forbade approach, and the vessel was ultimately shepherded to Dieppe. Here he found the Hospital unit which has gone from the London Homœopathic Hospital—Mr. Dudley Wright, Dr. Hare, Dr. Octavia Lewin and the nurse, busy in the equipment of a British Hospital under the ægis of the French Red Cross; our colleague has been able to render some assistance to this organization. We know how heartily our readers will wish him God-speed.

PELLAGRA v. SILICEA.

OUR orthodox friends, after jeering at us for years because of our employment of "inert" substances, are making discoveries themselves. Study of colloids has done much to justify the "inert" drugs. The following from the *Lancet* suggests a new sphere for *Silicea*.

THE ETIOLOGY AND CURE OF PELLAGRA.

Professor Alessandrini and Professor Scala have recently published, in the form of a large pamphlet containing excellent coloured reproductions of histological and other specimens, a communication made by them last year to the Royal Academy of Medicine at Rome, under the auspices of the Commission on Pellagra.* Their researches have led them to two fundamental

* Contribuito Nuovo alla Etiologia e Patogenesi della Pellagra. By Giulio Alessandrini and Alberto Scala. Tip. naz. G. Bertero, Via Umbria, Rome, 1914.

conclusions : (1) that pellagra is not dependent on a maize diet ; and (2) that it is a disease strictly localized and limited to areas where water is drunk which has been almost exclusively in contact with a clay soil. Hitherto it had not been suspected that common mineral substances, in the quantities present in drinking water, could provoke immediate or delayed disturbances of health, and it was only investigations as to the quality of the soil which was the source of the water drunk in pellagrous districts that led Professor Scala to formulate the suspicion that silicic acid in a colloidal state could produce a chronic intoxication such as is observed in pellagra. Ninety-four experiments were undertaken on monkeys, rabbits, guinea-pigs, and puppies, and consisted in the administration of silica in colloidal solution and in a gelatinous state by subcutaneous and intraperitoneal injection, and also by mouth. The effect was an intoxication with symptoms and pathological changes similar to those observed in pellagra. These experimenters also found that a similar intoxication was produced by the administration by mouth, mixed with bran, of water obtained from the pellagrous district of Gualdo Tadino ; and, moreover, that the feeding of animals exposed to the action of silica with maize had no effect in aggravating these symptoms, proving thereby that maize has in no sense a contributory action. The effect of silica on the organism is to cause a retention of salts, whence there ensues, first, excessive fixation in the tissues, and, subsequently, liberation of mineral acids, also excessive, which produce the pathological lesions noticed by the authors. Silica, therefore, acts in an indirect rather than in a direct manner, and it was found that its effects could be neutralized by intra-muscular or subcutaneous injections of neutral citrate of sodium. The authors were thus led to make use of this fact in an attempt to cure pellagrous patients. Details are given of ten cases treated with daily injections of a ten per cent. solution of trisodic citrate. That considerable improvement, if not cure, was obtained is evident from the photographs given in the pamphlet, and it may suggest the advisability of adopting this method of treatment in those cases of pellagra which are from time to time met with in this country.

This is very significant : our provings of *Silicea* fall very well into line with this conception, and if we may regard Pellagra as a *Silicea* proving on a large scale, we shall owe something substantial to the orthodox Italian Professors.

DRUG INDICATIONS.

DR. RAY sends the following pulse indications for drugs :—

Stramonium.—Pulse extremely irregular, sometimes hard, sometimes weak and small. We can differentiate

the use of *Stramonium* more from its pulse marks. *Stramonium* patient has red eyes, but *Hyoscyamus* patient has scarcely any. *Stramonium* is a remedy allied to *Belladonna*. The *Hyoscyamus* patient lies in deep coma, quite unconscious of his existence in the external world. The *Opium* patient, though subject to brain congestion, yet answers questions correctly and passes to stupor. The irritability is quite opposite to that of *Bryonia*—*Opium* patient likes to be alone, having a person on guard, but very irritable if questioned and moved. The prostration is great.

Cannabis Indi : Pulse very slow.

Glonoin has a quick pulse in relapsing fever.

A DANGEROUS PRESCRIPTION.

THE following good story has been sent to us by a correspondent :—

Many are the good stories that are being culled from the life of Dr. Pennell, the well-known medical missionary, who died not long ago. One of them relates to the time when a clumsy luggage camel upset Dr. Pennell's chest of medicines. A canny villager, who disliked waste, begged to be allowed to collect these discarded pills. He was warned of their uselessness and risk in this unlabelled condition; but quite undaunted, laboriously collected the precious medicaments, and carried them away with him. Some years later, Dr. Pennell, passing through this village, noticed that it boasted a native "doctor." To his amusement he recognized in him his old friend of the pill episode. The shop displayed a shelf full of Indian medicines, among which was conspicuous a large bottle labelled "Assorted Pills." "What are those?" inquired Dr. Pennell. "Those, Sahib," said the man with pride, "are more sought after than any of my drugs, they are the pills you threw away three years ago." "But surely," was the horrified reply, "you daren't prescribe those in total ignorance of their properties!" "Indeed, yes, Sahib, for I only give them to patients whose cases I do not understand!"

ORIGINAL COMMUNICATIONS.

HOMŒOTHERAPY IN OPHTHALMIC PRACTICE.*

BY A. SPEIRS-ALEXANDER, M.D., C.M., ASSISTANT
OPHTHALMOLOGICAL SURGEON TO THE LONDON
HOMŒOPATHIC HOSPITAL.

My purpose in this lecture is to give a brief outline of the chief indications for the selections of the leading remedies used in the homœopathic treatment of diseases of the eye.

It would obviously be impossible, in the time at our disposal, to go over the whole of the *Materia Medica* involved, and I therefore propose to take up some of the principal remedies in everyday use, with the object of showing something of their pure effects on the healthy body, and, correspondingly, their sphere of action in morbid conditions.

For the sake of convenience, I shall take them mainly in alphabetical order, but shall interpolate others here and there, for the purpose of comparative study. The first thing on the list is

Aconitum napellus.

It is hardly necessary to remind you that the leading physiological effect of this now well-known drug is that of producing inflammatory symptoms. The provers experienced shivering, heat and cold by turns; the pulse was full and bounding; there was thirst, restlessness and anxiety, even to the fear of impending death; all these symptoms resembling the febrile conditions that may follow exposure to cold winds and draughts.

In inflammatory affections of the eye *Aconite* has a marked rôle of usefulness. Especially is it valuable in catarrhal inflammations brought on by cold air, such as simple conjunctivitis. Here a few doses will quickly allay both objective and subjective symptoms, injection, lachrymation and pain soon passing away.

* A Post-graduate lecture delivered at the London Homœopathic Hospital, Summer Session, 1914.

under its influence. In all cases of traumatism, followed by inflammatory symptoms, it should be also employed, and may abort the more profound effects on the deep structures of the eye.

Agaricus Mus. On the eye this drug has a limited but definite action, causing spasm of the orbicularis muscle, and also of the eyeball. Correspondingly, in patients complaining of twitching of the eyelids, sometimes described by them as "life-blood," it is often useful. Some twitching and blinking of the lids may occur in certain cases of asthenopia, such as in failure of the internal recti muscles, with consequent difficulty of accommodation, and here also it has been found to relieve the condition. It need hardly be pointed out that, in such cases, any error of refraction should be sought for and corrected. Somewhat akin to this drug, and especially in spasmodic twitching of the eyelids, is *Codeia*, which in my own practice has proved perhaps even more efficacious than *Agaricus*. Both may be given in the lower attenuations, from $1x$ to $3x$.

We now come to an interesting remedy, forming one of a group which may be considered in a comparative way. The drug is *Allium cepa*, the wild garlic.

Its use in coryza is well-known, where it is practically specific when there is streaming of the eyes and nose, with much sneezing, especially in sunlight.

The ocular conditions in which it is indicated may vary in their pathology, but provided certain characteristic symptoms are present, all may benefit from its exhibition.

The cases in which I have found it most valuable are catarrhal conjunctivitis, some forms of keratitis, and also of trichiasis, when violent inflammation of the eyeball is set up by the ingrowing lashes.

In all of these ailments, when there is copious lachrymation, conjunctival or peri-corneal injection, accompanied by a nasal discharge causing excoriation round the entrance to the nostrils and upper lip, it may be given with confidence, a favourable result almost certainly following.

On 23rd March, 1914, L.S., a girl of eight years, was seen on account of *ulcus corneæ* of the right eye. The usual symptoms, both objective and subjective, were present, and in addition to these immediately involving the eye, there was an acrid discharge from the right nostril, excoriating the neighbouring skin. She received *Allium cepa*, 6 t.d.s. The following week the inflammatory symptoms had subsided, the nasal discharge was gone, and the excoriation healing. Full recovery soon followed.

Another drug closely resembling this one, but differing from it in one important particular, is *Euphrasia*, the common Eye-bright. This remedy is much in vogue in the domestic treatment of inflamed eyes, but will be of little or no avail unless it corresponds with the symptoms accurately. The point that differentiates it from *Allium* is that it causes excoriation, not of the nostrils, but of the eyelids and adjacent parts, while the converse is the case with the former drug.

A third medicine that may be included in this group in relation to certain forms of conjunctivitis is *Arsenicum album*. One of its most well-known characteristics is *burning pain*, whether of the lids or eyeball, and anomalous as it may appear, this burning is relieved by hot applications. There is also much restlessness—not that of *Aconite*, where it is due to fever, but of an asthenic type. Where, in addition to these symptoms, there is watery discharge excoriating both lids and nostrils, the drug may be given with expectation of a favourable effect.

Antimonium tart. is a remedy that has proved valuable in some ocular conditions, especially in children, as it has likewise in their pulmonary catarrhs. Its chief rôle is in pustular affections, notably in phlyctenular conjunctivitis and keratitis, especially when attended by vesicular or pustular eruptions about the cheeks, ears, etc. Here it is quite specific, such cases speedily clearing up under its action. Phlyctenular conjunctivitis having a great tendency to recurrence, it is always advisable to give treatment during the intervals for the underlying diathetic condition. The tendency is often of a strumous character, and *Sulphur* or *Tuberculinum*,

according to the individual type, given in infrequent doses, may often eradicate the morbid tendency.

Some oculists prefer *Antim. crud.* for these cases, but as a rule the *tartrate* may be relied on. There are, of course, certain cases that demand other drugs, according to their symptomatology, but, as a general rule, *Antim. tart.* is all-sufficient.

Argentum nitricum. In allopathic practice this drug is in very common use as a local application, and is of undoubted value in some cases. In our practice here we use it locally in some purulent conditions, at the same time giving it internally, the 30th dilution being perhaps the most suitable potency. For local use, the colloid salt of silver, *Argyrol*, does better than the nitrate.

The most appropriate sphere of action for silver nitrate is in purulent conjunctivitis and ophthalmia neonatorum. It does best in some of the most severe cases, with much œdema of the lids, profuse purulent discharge, chemosis, and even threatened sloughing of the cornea. It need hardly be said that local measures are necessary in these cases for the purpose of cleansing away discharge, etc., but the action of the drug on the suppurative process is undoubted.

Aurum metallicum. Provers of this drug have experienced a loss of vision in the upper field of vision, this condition indicating, of course, a lesion in the lower half of the retina. Accordingly it has been given in hemiopia of this type, and with curative effect. On 4th April, 1914, a lady of 25 years was seen on account of this defect. It had come on, without known cause, a fortnight before, perception of the upper half of objects with the right eye being lost. The left eye was normal. Central vision and also perception in the remainder of the field of vision was perfect. Ophthalmoscopic examination yielded a negative result. The patient was put on *Aur. met.*, 12 t.d.s., and advised to rest the eye. On the 8th April she was again seen, and now objects in the upper field could be seen indistinctly. On the 18th there was a still further improvement, only a slight scotoma remaining on perimetrical examination. The patient was no longer conscious of any defect.

When the hemiopia is lateral, the outer half of the field being obscured, *Baryta carb.* is called for, *Aurum* being of no use in such cases. Differentiation of this kind is of the utmost importance in homœopathic prescribing, and if neglected, disappointment is sure to result.

Aurum is also useful in some cases of interstitial keratitis, more especially in those which do not respond to *Mercurius*, or which have been overdosed with it.

Calcarea carbonica. The power of this remedy in the strumous or tuberculous diathesis is familiar to all practitioners of Homœopathy.

In prescribing it, the constitutional symptoms should chiefly be taken into consideration, being perhaps more important than those of a purely local character.

The typical patient—especially if a child—is well known—pot-bellied, tending to sweat about the head, with cold, clammy feet, of pale complexion and flabby appearance. This may be blepharitis, with red and swollen lids, purulent or semi-purulent discharge, and also keratitis and *ulcus corneæ*, but if the drug under consideration is to be of any avail, the concomittant symptoms already alluded to must be present. In adults, it may be thought of in ocular conditions, due to getting wet, or from working in water, and where the ailment is aggravated by damp weather. In this respect, *Calcarea* resembles *Rhus Tox.*, of which it may indeed be regarded as the chronic, that is, where *Rhus.* would be given in acute, *Calcarea* is probably indicated in chronic cases. Patients requiring *Calcarea* being for the most part of the Tuberculous diathesis, it is generally useful to give a dose of *Tuberculinum* 30, once a week, and by these means many cases of eye affection rapidly clear up.

Causticum. The symptomatology of this drug in relation to the eye is highly suggestive of muscular asthenia or paresis. The patient complains of difficulty in opening the eyes; the lids feel heavy and inclined to close, and muscular twitchings may be observed.

The clinical conditions which may be relieved by it go a good deal further than might be expected from

such signs. One of the maladies in which it has achieved the most brilliant results is actual paralysis, especially of the external rectus muscle. Such cases are usually of peripheral origin, and are probably due to atmospheric influences, such as exposure to cold and damp effecting the muscle itself, or the sixth nerve, which supplies it. Whenever a case of loss of abduction of the eye is met with, and of tolerably recent onset, *Causticum* may be given with confidence, the case generally clearing up in two or three weeks. The following case may be cited by way of illustration :

On 23rd March, Mr. P., aged 69, came for advice for diplopia. He states that on looking at any distant object he can see a false image side by side with it. He had been aware of the defect for a fortnight, and thought it had come on after over-exertion and overheating in chopping wood. He had had a slight seizure three years previously, but no effects of this remained. Examination of the eyes showed that he was unable to abduct the left eye beyond the middle line. All the other movements were normal.

He received *Causticum* 30, thrice daily for a week. On the 31st, slight improvement was noticed, the eye being now abducted slightly beyond the middle line. The treatment was continued, and on the 14th April, when he was again seen, it was found that the eye could be wholly abducted and the diplopia was of course gone.

Somewhat akin to *Causticum* in this respect is *Gelsemium*. Should the former fail, *Gels.* will often prove effectual. Where the paralysis is post-diphtheritic, it is especially valuable, whether in the extrinsic ocular muscles or in those of deglutition.

A drug that may be compared with *Causticum* in its anti-paralytic properties is *Senega*. Here the action is not on the external rectus, but on the rectus superior. In paresis of this muscle, so that the patient could only see by bending the head backwards, it has proved curative.

Another effect of *Causticum* in the provers is the production of fog before the eyes, objects seem obscured or as seen through a mist or veil. Hence it has been

used with benefit in certain cases of cataract, and favourable results have from time to time been reported. It should be borne in mind, however, that it is only in quite incipient cataract that any improvement can be expected. The writer once treated a case of mature cataract with *Calc. carb.*, with ultimate entire clearing of the opaque lens. But it must not be forgotten that in rare instances mature cataract has been known to disappear spontaneously.

Conium mac. This is one of our most useful remedies in some acutely painful but superficial inflammations of the eye. Patients, especially children, not infrequently suffer from the most intense photophobia, with profuse lacrimation and perhaps blepharospasm, and yet, on opening the eye, one is impressed by the almost entire absence of inflammatory appearances. There may be a little injection of the conjunctival and ciliary vessels, and then close inspection may lead to the discovery of some very minute and superficial ulcer, or merely an abrasion of the cornea. These symptoms, of course, point to the exposure of a terminal nerve filament in the affected area, this giving rise to acute distress. In such a condition, *Conium* may be regarded as a specific, rarely failing to cure in a few days.

The drug may also be thought of in ptosis, one of the effects of hemlock poisoning being to produce partial paralysis of the upper lids. In this respect it somewhat resembles *Causticum*.

Gelsemium semp. This remedy has been already referred to in relation to paralysis of the extrinsic ocular muscles, but this by no means exhausts its sphere of usefulness. In headaches due to asthenopia, resulting from eye-strain, especially where the pain is referred to the occiput, and is accompanied by giddiness, it will be found reliable. In this connection, two other drugs, namely *Onosmodium* and *Actea rac.*, may here be referred to. The former of these is indicated where the headache resulting from eye-strain begins in the forehead and passes back to the occiput, and even down to the neck and shoulders ; while in the case of the latter, the converse holds good, the

pain beginning in the nape of the neck and extending forwards over the vertex to the forehead and eye-balls. These remedies are often effectual in such cases as do not at once clear up after errors of refraction have been corrected. But to return to *Gelseminum*. Its symptomatology suggests its suitability in certain diseases of the uveal tract, such is Irido-cyclitis and Iridochoroiditis, and also in glaucoma. Such symptoms are haziness of the vitreous, dilatation of the pupil, increase of intra-ocular tension and œdema of the eyeball. Accordingly it has been largely used in cases of these ailments, particularly in glaucoma, where it seems to have allayed pain and improved the condition for a time at least. In detachment of the retina it has sometimes proved beneficial, cases having been reported where under its influence not only has sight been restored, but the retina itself has become re-attached.

Graphites. The indications for this medicine are quite definite, and chiefly objective. There is no mistaking them when seen. These are an inflammatory condition of the eyes, accompanied by eczematous eruptions. Such conditions are often observed in chronic blepharitis, either simple or attended by corneal ulcer. The edges of the lids are red and inflamed, with crusts at the roots of the lashes, and at the external canthi there are cracks, which bleed easily. In this latter respect it will be noticed that the symptoms closely correspond with the form of eczema in other parts of the body, where it is indicated, namely, when there is a cracked state of the skin in the folds of the joints, with gummy exudation and a tendency to bleed.

The lids may also be greatly swollen and inflamed, with intense photophobia and blepharospasm. These symptoms were present in a child of about ten years old, admitted to the hospital early in March, 1914. It had been under treatment before admission, with no relief, and was evidently in great distress. The blepharospasm was so great that at first the eyes could not be properly examined, but the external appearances gave sufficient information for the diagnosis of the remedy. Locally, *Argyrol* was applied, and

Graphites 6 given internally. Under this treatment the inflammation and swelling greatly subsided, and the eyes having been opened, an ulcer of the cornea was found. Continued treatment with the same drug led to an excellent recovery, with but little impairment of vision.

Hamamelis. The witch-hazel, whose action in diseases of the eye is similar to that in other parts of the body, is well-known for its propensity of controlling hæmorrhagic processes, and that rather in relation to the venous than the arterial system.

In the eye, it is of service in promoting the absorption of blood, whether the extravasation be sub-conjunctival, or in the anterior chamber, or in the fundus. The first of these cases is familiar, being due to the rupture of a small conjunctival vessel, and is generally seen in elderly people. When in the anterior chamber it is often traumatic, but may also occur in hæmorrhagic glaucoma.

Hæmorrhage into the vitreous may result from a blow on the eyeball, or from the spontaneous rupture of a vessel, and be as copious as to entirely obscure the view of the fundus. Here, it is remarkable how quickly the extravasation may clear away under the influence of this drug and sight be completely restored.

Three other drugs that may have to be thought of in such cases are *Arnica mont.*, *Lachesis* and *Phosphorus*, but they are perhaps more useful in retinal hæmorrhages than in the other varieties.

Heparsulph. The use of this agent in suppurative processes is familiar to all practitioners of Homœopathy. Its opposite effect in high and low dilutions is often well marked. High dilutions have frequently been found to absorb threatening suppuration when given at the outset, while low dilutions seem to promote pus formation and aid in its evacuation. In virtue of the latter property, it may be given with advantage for the maturation of styes and also in acute dacryocystitis with pus formation. In these cases it is of undoubted use in promoting resolution. One of its most brilliant spheres of action is in certain forms of keratitis and *ulcus corneæ*. In the former, especially

in children, when the photophobia is very acute, with much lachrymation and perhaps muco-purulent discharge, with crusts on the lids, a few doses of the drug in the 30th dilution will clear up the case rapidly. Again, in deep sloughing ulcer, threatening to perforate, and possibly accompanied by hypopyon, healing may quickly take place under *Hépar*.

A lady of over sixty was seen recently, who suffered from an obstinate ulcer of the cornea with much pain, photophobia, etc., for several weeks. Other treatment had been employed without effect, but after about a week on *Hepar* 30, all the inflammation passed away, and the ulcer soon healed. Such cases might be multiplied almost indefinitely.

Kali bichromicum. This remedy may be considered by way of contrast to another already mentioned, viz., *Conium*. As the latter is indicated when there is intense dread of light, and yet a paucity of local appearances, so when the converse holds good, no dread of light and hardly any lachrymation, in spite of well marked local lesion, amounting even to extensive ulceration of the cornea, *Kali bichrom.* is called for. Under such circumstances, the pathological condition often yields quite rapidly, a good recovery being made.

Another condition in which it acts well is fascicular keratitis, where a phlycten, drawing a leash of vessels behind it, gradually works its way from the periphery towards the centre of the cornea.

Again, in cases of keratitis and *ulcus corneæ* that have progressed up to a certain point under *Mercurius* it will often clear up the remaining condition.

Pannus is another ailment in which it is invaluable. The writer has had several cases resulting from trachoma, where the veil of opacity covering the upper half of the cornea has gradually disappeared under its persistent use—in one case, even though granulations still remained on the palpebral conjunctiva.

Kalmia latifolia. Neuralgic pain, affecting the fifth cranial nerve on the right side is the key-note for this drug. It is to the right side what *Spigelia* is to the left. The efficacy of the latter in such circumstances is well known, but perhaps this corresponding action

of *Kalmia* on the right side is less familiar. Whenever in morbid conditions of the eyes the patient complains of severe cutting or stabbing pain in the right eye-ball, the supra-orbital and parietal regions, and even down the neck and shoulder, it may be prescribed with full reliance. The pain is often worse at night, and may accompany quite a variety of ailments, such as glaucoma, iritis, keratitis and ulcer.

It may here be noted that, if neuralgic pain on either side should recur with clock-like regularity at a certain fixed hour, *Cedron* is indicated, and does best in high dilution.

Mercurius. Two preparations of this drug are chiefly used in eye cases, the *corrosivus* and *solubilis*.

In mentioning the value of *Mercury* in diseases of the eye to allopathic friends, I have generally been asked in what strength we apply it. In their school, its use seems little known, except perhaps in syphilitic cases, while with us it would be a calamity to be without it, even in non-specific conditions.

Mercurius corrosivus acts excellently in a variety of inflammatory conditions of the eye, provided these present the symptoms characteristic of the drug. These are the usual inflammatory accompaniments of photophobia, profuse watering, blepharospasm, pains in and around the eye, and all worse at night. There may be acrid discharge, causing excoriation of the lids, cheeks and nostrils. The eyelids are red and swollen. All these symptoms are familiar as associated with iritis, and affections of the cornea, especially interstitial keratitis as well as of the whole uveal tract.

In iritis, both of the ordinary and syphilitic varieties, its action is often decided, giving rapid relief to all the symptoms. It should of course be given in association with *Atropine* locally for the prevention of adhesions. Unless some particular symptoms should call for other remedies, it is always safe to begin treatment of this disease with the drug under consideration, and in a majority of cases rapid improvement may be looked for.

There is one condition in the deeper structures of the eye in which *Merc. cor.* is efficacious up to a certain

point. This is in albuminuric retinitis. Some years ago I published a case of this disease, in which, under its influence, the retinal symptoms as well as the albuminuria disappeared entirely, *for a time*. By degrees, however, the morbid condition recurred, the patient eventually succumbing to the renal disease.

The symptomatology of *Merc. sol.* is very similar to that of *corrosivus*, but some cases do better with it than with the latter. Where there is much thickening and redness of the lids, blepharitis, with unhealthy crust formation, a certain degree of purulent discharge, with the concomitant conditions of aggravation at night and by warmth, it may be prescribed. It should also be thought of in strumous children with enlargement of the cervical glands. A thickly coated tongue and offensive breath may also help in deciding as to its selection.

Natrum mur. It might be surmised by the uninitiated that common salt, being in everyday use as a condiment, could have no therapeutic value. Experience proves that in the potentized form in which it is used medicinally it is exceedingly useful. In this respect it is comparable with such drugs as *Carbo. veg.* and *Calc. carb.*, whose efficacy in the potentized state is well recognized, even though, in crude form, they are being used in food at the same time.

Nat. mur. is chiefly employed in chronic forms of eye disease, and has three main fields of service: first, in herpetiform affections of the lids, as in blepharitis, with gummy discharge, drying into crusts on their margins. There may be excoriation of both lids and neighbouring parts, with smarting and itching in the eyes, particularly at the inner canthus. If there be at the same time eczema about the borders of the hair, this may confirm the selection of the drug. Another confirmatory circumstance may be aggravation of the condition at the sea-side. Secondly, it may be required in some forms of asthenopia, especially after over-use of the eyes, as in excessive reading and writing by artificial light. The sensations described by patients so affected, are various:—such as stiffness, drawing, aching of the eyeballs, headache on awaking in the

morning, especially if there be a feeling of hammering in the head. In these respects, *Natrum* is comparable with *Ruta grav.*, which is often of great value in asthenopia. *Natrum* is held by some oculists to be indicated in weakness of the internal recti, while *Ruta* is called for in over-strain of the ciliary muscle. Both these conditions of course point to defective accommodation, and in such cases the one or the other of these drugs should be thought of.

Lastly, *Natrum* has proved effectual in some cases of cataract. Parenteau, of Paris, extols it in this disease, but limits its action to incipient cases. Where concomitant symptoms indicate the drug, it may no doubt be useful, but only in perhaps arresting cases at the outset, for where decided structural changes in the lens have taken place medical treatment is rarely to be relied on.

Phosphorus. Indications for the use of this drug may be derived both from the symptomatic and the pathological aspects.

As it has been found to cause flickering or coloured sparks before the eyes, and especially red halos round lights, it may be prescribed for patients complaining of photopsies, such as are frequently met with in cases of disseminated choroiditis, and also at times in atrophy of the optic disc. It is effectual in relieving certain headaches, preceded by waving or flickering lines of light before the eyes. Here it somewhat resembles *Iris versic.*, but the headache of the latter drug is generally accompanied by severe sickness.

Pathologically, it is called for in fatty degeneration of blood vessels, and is particularly useful in retinal haemorrhage arising from this cause. Some cases of cataract have been reported, which appear to have been arrested under its influence, more especially where the patient states that letters appear to him to look red in colour.

Pulsatilla. It is stated in most text books that this medicine is best suited to people with fair hair, and of a bland, mild, or tearful disposition. In the experience of the writer, however, its administration need not be limited to persons of that type, for it acts equally

well, even in dark complexioned patients, where well indicated by the particular symptoms.

In affections of the eye the characteristic symptoms are well marked. Its sphere of action lies in superficial diseases, with bland purulent, or semi-purulent discharge, and the usual accompaniment of redness and swelling of the lids, and a certain amount of photophobia. It may thus be given in catarrhal conjunctivitis, in dacryo-cystitis at the outset, where it may abort suppuration, while in patients subject to successive crops of styes, it is often curative. When given early in high dilution it may check the process entirely.

There is one characteristic symptom of *Pulsatilla* which may often prove the keynote for its selection, and indeed appears more reliable than the temperamental peculiarities—namely, that all the symptoms present are relieved in the open air, and conversely, aggravated in a warm room. When this phenomenon is noted, it seldom fails to cure or relieve.

Rhus tox. This is a remedy suited to certain morbid conditions, both of the orbit and of the deeper structures, of the eye-ball. In the former, it is indicated by severe inflammation and oedema, the lids being greatly swollen, so that it may be impossible to open them. Such a condition occurs in *orbital cellulitis*, resulting, it may be, from an injury, or from the invasion of micro-organisms, of which the streptococcus is the most likely to be present.

Such a case was seen lately in the person of a lady of 50. The attack began with a small abscess on the left side of the nose, the inflammation and swelling rapidly spreading over the cheek, and involving the whole of the orbit. Temperature was raised to 101°, and erysipelas of the head seemed imminent. *Belladonna* was first given with some benefit, but was soon followed by *Rhus tox.*, which quickly reduced all the inflammatory symptoms, the affected parts being restored to their normal condition in three or four days.

In certain cases of keratitis it sometimes proves useful, and one marked symptom which may determine its choice is that when the patient is asked to open the eyes, which he does with great reluctance, from

dread of light, a copious gush of tears takes place. Here, especially if there be vesicular or pustular eruption about the eyes or face, and if the symptoms are all aggravated at rest in bed at night, the drug generally relieves the whole condition.

In iritis, of rheumatic origin, it is often effectual, provided the peculiar condition of aggravation of the pain when at rest be present. The pain in such cases is usually muscular, rather than articular. On 7th November, 1913, Miss O., aged sixty, applied for treatment on account of iritis of the right eye, with the usual local symptoms, and rheumatism in the arms, the pain being worse in bed at night. *Rhus tox.* 3x. thrice daily was prescribed, with a favourable result, both the iritis and rheumatism yielding, so that before the end of the month recovery had taken place. As in all cases of iritis, *Atropine* was used as a mydriatic.

Lastly, in deep inflammation of the eye, even when suppuration has taken place, this has been known to work wonders. Where cases of extraction of the lens for cataract have been followed by iritis, and even in infective cases, with pus in the anterior chamber, threatening to destroy the eye, the process has been arrested, and the eye saved by its help.

Silica. This drug is commonly employed by practitioners of Homœopathy in diseases of bone, accompanied by suppuration, and remarkable results have been obtained from it in such conditions. Hence, in disease of the bony wall of the orbit, it may be required, and has proved curative in some old-standing cases. Again, in dacryo-cysitis, whether in the form of blenorrhœa or suppuration of the lachrymal sac, it may be prescribed with advantage. When given at the outset, even in threatened abscesses, it is said to have aborted the process, though it is only fair to say that the writer's own experience cannot confirm this action.

However, certain reputable practitioners have reported such cases. In chronic cases of ulcer of the cornea, even when accompanied by hypopyon, it has proved useful.

But its most valuable rôle is perhaps in the after-effects of keratitis and *ulcus corneæ*. Here, where

more or less extensive nebulae almost invariably result from the process of repair of the injured corneæ tissue, *Silica* has a remarkable effect in clearing the opacity away, or in so thinning it down that sight is wonderfully improved. In such cases it should be given in the 30th dilution and persevered with for months.

We see many cases of this kind in the out-patient department of the hospital, both in children and in adults, and in a number of these the results met with are most gratifying.

One such happened in a man of about 60, who had been practically blind for 30 years from the nebulae following keratitis, having to be led about in walking out-of-doors. *Silica* 30 was given for some months, with steady improvement, so that finally he began to make out printed letters with the aid of a glass. The amendment continued, and eventually he was able to read his Bible, and at successive visits stated at what book of the Old Testament he had arrived, till at last he had read the whole and passed on to the New Testament. This he also finished, and then began the Old again. Many similar, though less striking cases, are frequently met with.

Sulphur. As in other departments of medicine, so in ophthalmic practice, this drug is indispensable. It covers a variety of morbid conditions, and in particular those depending on the strumous or tuberculous diathesis. In the latter state it is constantly necessary to prescribe it, whether in accordance with direct local symptoms, or as a constitutional remedy. For constitutional conditions it is often given intercurrently with other indicated medicines, in infrequent doses of a high dilution.

Subjective symptoms, as well as objective, also guide in its selection. The patient complains of dryness, burning, itching, smarting of the eyes. The lids may feel sore and smarting, and must be rubbed to obtain relief. Stinging or pricking pains in the eyeball are also experienced, and are often worse at night. The burning and itching sensation may be referred to the outer canthi, and may be aggravated both in the

morning and evening. A sensation of sand under the lids, often met with in conjunctivitis, also calls for this remedy.

Objectively, there may be chronic dry blepharitis, with much redness of the margins of the eyelids. There may be morning agglutination, and some degreee of muco-purulent discharge with hyperæmia of the conjunctiva, and even pustular eruptions on that structure.

Symptomatology of this kind suggests a variety of ailments in which *Sulphur* may be indicated, but in all these the general constitutional state or tendencies of the patient ought to be taken into consideration as far as possible.

Among the more superficial diseases of the eye in which it has proved curative is phlyctenular conjunctivitis. It has been already stated that *Antim. tart.* is generally specific in this affection; but in some cases, where characteristic sulphur symptoms such as burning, stinging, pricking pains, with dryness, or sensation of sand in the eyes predominate, it should of course be used and will probably be effectual. Again, in recurring cases it may clear up the condition and prevent return.

In strumous blepharitis, with much heat, itching and burning of the lids, or accompanied by small pustules on their margins, it is indicated. In chronic conjunctivitis likewise, where the typical subjective symptoms already referred to are present, it may be required and be found curative.

Cases of parenchymatous keratitis, which do not yield to other remedies, may be benefited by it, and indeed, it may be said in general that in all chronic ailments of the superficial structures of the eye, pro-vided the constitutional conditions are present, coupled with the symptoms of burning, heat, itching, and pricking pain through the eyeball at night, *Sulphur* is called for.

Tabacum. The toxic effects of this drug on the eye are well known. Tobacco amblyopia is fortunately not so common as might be expected from the excessive use made of it by many people.

The subjects of the complaint are, for the most part, addicted to the use of alcohol as well as tobacco, and the worst cases of amblyopia seem to arise from the combined effects of both drugs.

Some cases of cure of the condition have been reported by means of a high dilution of tobacco itself—the 200th or higher. If such cures be reliable, the result of the treatment seems to be more on the isopathic than homœopathic principle. It may be remembered in this connection that poisoning by *Rhus tox.* is said to have been cured by a dose or two of the c.m. dilution of the same drug—a circumstance lending support to the alleged analogous action of tobacco. A more interesting property of the latter, however, is perhaps its effect in certain cases of idiopathic amblyopia, where it has proved curative.

In February, 1904, I was consulted by a young lady on account of loss of sight in the left eye, of some weeks' duration. Vision was reduced to $\frac{1}{6}$, the other eye being normal. Ophthalmoscopic examination gave a negative result, and no adequate cause for the condition could be discovered beyond the circumstance that the patient was of a somewhat neurotic temperament. She was put on *Tabacum* 12, thrice daily for a month, at the end of which time sight was completely restored, and found to be $\frac{1}{2}$.

Whether spontaneous recovery might have taken place without the aid of any medical treatment, it is impossible to say. Suffice it to remark that the result seemed to illustrate the phenomenon that Tobacco is as capable of curing amblyopia in small doses, as it is of causing it in large.

The last medicine to which I will draw your attention to-day is

Thuja occidentalis, the *arbor vitae*.

One of the most familiar uses of this remedy is in the treatment of urethritis, its beneficial effects corresponding with its capacity for setting up a similar condition in the healthy prover.

Less known perhaps is its power of controlling certain vascular growths, especially those of condylomatous and papillomatous type. Some years ago

I presented a paper to the British Homœopathic Society dealing with the employment of the drug in aural polypus and allied growths. Among the latter, a case of papilloma of the lower eyelid was mentioned, where it proved curative. In this case, "when the eyelid was in its usual position, the apex of the growth turned inwards and downwards, and lay between the lid and the eyeball. When the lid was everted, and the base thus drawn down, the apex rose into an erect position. The patient very much objected to any surgical proceeding, and it was therefore determined to give *Thuja* a trial. This medicine was accordingly given in the 30th dilution, a dose thrice daily, and a lotion of the mother tincture in water was also used to bathe the eye." By degrees the little tumour diminished in size and finally disappeared entirely.

In Chalazion or Meibomian cyst, numerous cases of cure are met with. Such a one was seen on 4th April, 1911. Miss M., aged 24. A large Chalazion had been present for about two years in the right upper lid, and was increasing in size. She was put on *Thuja*, with a lotion made from the tincture to use locally. This treatment proved quite successful, though somewhat slow. It was continued for three months, at the end of which time the cyst had wholly disappeared. Such cases are frequently met with, with similar results, in the hospital clinic. In such cases it is somewhat difficult to explain the action of *Thuja* on purely homœopathic grounds. Hahnemann first proved its efficacy in the treatment of condylomata and warts of gonorrhœal origin, and it has therefore been argued by some that all papillomata in which it acts favourably must be of sycotic origin. In the eye cases, however, referred to, there has never been the slightest evidence to support such a view, and it can only be concluded that the drug is efficacious in such pathological conditions, irrespectively of etiological considerations. Again, in episcleritis favourable results are obtained by its aid. The affection is a somewhat intractable one, and subject to recurrences, and while other remedies may help, *Thuja* is perhaps the most reliable for its treatment.

In conclusion, do not let it be supposed that the drugs mentioned here to-day are the only ones that may have to be employed in the treatment of eye cases. It cannot be too often repeated, that each case of any disease must be treated solely on its own merits, the individual guiding symptoms being carefully weighed, and if they correspond closely with the known pathogenesis of any given drug, however unpromising it may appear at first sight, that drug should be prescribed with confidence, and a favourable result awaited. Clinical experience is of course invaluable, as familiarizing the practitioner with the general trend of action peculiar to the medicines in general use, so that, by force of habit, he usually is able to select the true simillimum with a fair amount of accuracy.

THE CHILDREN'S HOMŒOPATHIC DISPENSARY

(SHEPHERD'S BUSH, GREEN, W.).

INTERIM REPORT.

THE friends and supporters of the C.H.D. will remember the Drawing-Room Meeting at Sir Robert and Lady Perks' house (on Alexandra day, 1913), when the scheme was discussed and the need for a Children's Homœopathic Dispensary for London recognized.

Much time has elapsed since then, but it has not been wasted time.

The house for the Dispensary had to be carefully selected, and unforeseen difficulties overcome so that it was not until Feb. 2nd, 1914, that patients were able to be seen.

The Dispensary is intended for children only, and is the sole institution of its kind in this country. Although there are eighteen special Allopathic Hospitals for children, this is the only Homœopathic Institution.

A corner house (41, Granville Gardens) has been secured facing the Shepherd's Bush Green, and within five minutes of the Central London Tube Station, a most important corner for traffic.

The rooms are all light and airy ; on the ground floor, the waiting room is in the front, and the Dispensary behind—a fine room, with white enamel walls, containing a medicine cabinet most conveniently arranged.

At the end of the hall is a small room which is used as the office.

On the first floor is the Committee Room in front, and at the back a consulting room, and there is a useful third room which serves as an examination room.

There is a second floor unused at present, and also good rooms in the basement, which are occupied by the caretakers.

The outlook in front is very pleasant over the Green, and a wide expanse of sky. At the back are some tall poplar trees, which make a capital screen.

Children are seen daily except Saturdays, Sundays, and public holidays.

The doors are open at 1.30 p.m., and closed at 2.30 p.m. The patients are seen in the order of arrival, urgent cases taking precedence.

The staff consists of six medical men, the majority of whom have been or are still attached to the London Homœopathic Hospital. There are special departments for surgical, eye, ear, nose, throat and skin cases.

The Dispensary is to be congratulated on having secured the services of Sister Rockliffe, who as Sister Roberts was for some years the "out-patient Sister" at the London Homœopathic Hospital.

During the six months, February 2nd to August 2nd, 1914, there have been 121 new patients, and a total attendance of 334 patients.

The fees paid by the patients have amounted to £9 17s. 4d. ; the scale of charges being the same as at the London Homœopathic Hospital.

It is a source of great satisfaction to the Committee to be able to report that the patients thus far are drawn entirely from the surrounding district, and the site selected for the Dispensary has been fully justified by the character of the patients who attend.

The Committee desire to emphasize this point, because it shows there is need for greater facilities for the homœopathic treatment of the children of London.

There has been no withdrawal of patients from the London Homœopathic Hospital, as was at one time feared by some, and our relations with what we may call the parent institution continue to be of a cordial character.

Two patients have been referred to the C.H.D. from the L.H.H., and three have been sent on to the L.H.H. from this Dispensary, besides several Dental cases, which are at present not provided for at the Dispensary.

Before long, a special opportunity will be given for the friends and supporters to visit the Dispensary, but any afternoon, Sister Rockliffe will gladly welcome them.

B.H.S. GOLF.

DUDGEON CUP FINAL.

THIS was played off at Sundridge Park, on Thursday, the 24th September, between W. C. Pritchard (6) and W. T. Ord (18).

Pritchard, giving his opponent nine strokes in each round, led off splendidly at the first hole, driving a long ball to the best position for his second up to the green, though he failed quite to get hold of his second ; he landed only a couple of feet short of the green, and making no mistake with his putter, was down in four—one under bogey for the hole.

Ord, meantime, had found trouble. He pulled his drive into the rough, put his second behind a tree, and from there his third into the ditch. Lifting and dropping, he reached the green with his fifth, was too strong with his approach putt, and too short, with the return, so obtained no advantage from his stroke here.

At the second, Pritchard hit a good ball from the tee, misjudged the distance of his approach, and ran over the green into a bunker. Got out all right on to the green and took two putts. Ord sliced his drive, made a fair recovery to the left, reached the edge of the green with his third, was short with his approach

putt, ran past the hole with his fifth, and past it again with his sixth. Pritchard two up.

At the next, Ord got one back. After a straight drive he was just up with his second, gave his putt a little too much and ran over the hole, but was down with his fourth. Bogey. Pritchard had an excellent drive, but topped his approach and found a bunker on the left of the green : well out with his third, his putt was a foot short.

The fourth, Ord took also. Neither tee shot was good ; Ord's was short and into a bunker. Pritchard's ran along the line of hillocks guarding the green on the left, and settled down the wrong side. Ord's recovery was good, his ball running just past the pin. Pritchard was too strong and hit the fence on the far side of the green : he could only dislodge the ball from where it lay under a gorse bush, and from there ran right past Ord's ball. Having played two more, he gave up, making the match all square.

Pritchard took the fifth, bogey five, holing his putt for a four : Ord's putt for a five and with his stroke a half, missing by six inches.

Putting settled the sixth also. Pritchard got a fine drive, but was rather too strong with his second. Ran his third four feet past the hole, and his fourth down. Bogey. Ord was just short of the green in two, too strong with his third and failed by a foot to hole out for a half.

The seventh furnished the first halved hole. Pritchard got a fine drive into the stream, and was up to the back of the green with his second, and returned his third to eighteen inches from the hole. Ord, after a good drive, reached the far side of the green in three, was three feet short with his first putt and lipped the hole with his second. The hole looked a gift for Pritchard, but his little putt went astray, so Ord got a half with his stroke.

At the eighth, the hard ground worried Ord, for after being well up the hill in two, the face of his brassey turned as he struck his third and the ball went in the direction of cover point : he reached the green and ran over it in two more, but was too strong out of

the long grass, and having now played six while Pritchard's fourth lay a yard from the pin, he gave up the hole.

Pritchard took the ninth as well, despite the stroke conceded. He holed out in five for another bogey. Ord pulling his putt for the half. Ord so far had been obviously uncomfortable on the greens, the pace of which bothered him considerably. Four up at the turn, and playing very nice golf, Pritchard proceeded to increase his advantage by taking the next two holes.

At the long tenth he had a foot putt for the hole given him, Ord's putt for the half hitting the back of the hole and jumping out, while at the eleventh, Ord got into trouble by slicing, and found the green too well guarded for a satisfactory approach from that side, his putt for a half stopping short by six inches.

The twelfth would have gone to Ord, who played a very pretty mashie shot close up to pin, but for a lovely curly putt by Pritchard from ten feet off the hole.

Ord did win the thirteenth, recovering well from behind a bunker on the right and holing out in bogey. Pritchard sliced his drive out of bounds, and though he hit a long one for his second, was giving a stroke, and failed to overcome the initial disadvantage.

The fourteenth was halved, Ord having hard luck on the green ; laid a stymie, he just failed to negotiate it, his ball finishing on the lip of the hole.

At the fifteenth, Pritchard did another bogey, while Ord again found trouble by pushing out his wooden club shots : trapped at the side of the green, he was too strong with his putter when he got out, and lost the hole.

Both had good drives at the sixteenth, both seconds were on the green, both approach putts were short, and both were down in four. Bogey. Ord's putt here was cleverly rolled four feet down the hill and in.

The short seventeenth had Ord worried again—he sliced his tee shot into the wood on the right, got out into long grass, hit his third right over the hedge on the far side of the green, returned nicely on, and just failed to go down in two more. Pritchard was short and in a bunker from the tee, but succeeded in holing

out in four, and so stood seven up. He then played the eighteenth perfectly, a beautiful drive followed by a very pretty approach, and put to within six inches of the hole and down in bogey. Ord had a good drive, but rather to the left, was too strong with his approach and ran into a bunker beyond the green, was too strong again out of the bunker, had a good putt for a half in four, but just missed. Eight up at the beginning of the second round, Pritchard looked in a very comfortable position, but in six more holes Ord had reduced that lead to four, and the result lay far more open. Ord took the first with his stroke, both men holing out in six, but he had a very rough passage at the second. He sliced his drive and lay under the face of the cross bunker, got well out of that, but sliced his third into the ditch on the right. From there, his niblick shot bounced into the wood beyond the ditch, and after a couple of bangs from an almost hopeless position, picked up. Pritchard lay well down the pretty from his drive, and though his approach was weak, he had plenty of strokes in hand.

The third hole went to Ord. Pritchard was short with his approach, then too strong: Ord put his drive out of bounds, but played a good second, and was lying six feet from the pin in four: Pritchard ran his putt past the hole and laid Ord a stymie, but Ord used the slope of the green very nicely and holed out.

Again at the fourth neither reached the green from the tee, but Ord had the better approach and was down in four, Pritchard's putt for the half running past the hole down hill.

At the fifth, Pritchard had a bit of bad luck, an indifferent approach shot finding an unplayable position in a holly bush.

The sixth also went to Ord, who had a good drive and was up in three. Pritchard found the brook with his drive, put his third into the rough, and his shot from there into a bunker guarding the green on the left. He was on to the green in two more and presented Ord with a two foot putt.

With four holes of his big lead gone, Pritchard followed a fair drive of Ord's at the seventh, with a

beauty, four yards over the brook ; on the green with his second, he took two putts for a bogey four. Ord had a three foot putt for a half with his stroke, and just missed the hole. The eighth was a poor hole for both resulting in a half in seven, Ord's putt finishing on the edge of the hole, and Pritchard's just hitting Ord's ball without sending it down.

The ninth went to Pritchard, who, after a fine drive, got down in four, one under bogey, whilst Ord had too much bunker trouble to make his stroke of any value to him.

Turning six up, Pritchard hit a longish ball to the left, landing on the edge of a bunker. Ord's drive sailed out of bounds into the road, but his second was a good shot : at the top of the hill he was caught in the cross bunker, and with Pritchard on the green, three feet from the pin and with "two for it," gave him the hole.

The end came at the next, where Pritchard had a good drive that ran down the hill into the rough, but was nicely on the green in three. Ord got into bunker near the green in a like number, and taking three to get out to the other side of the green, picked up, leaving Pritchard winner by eight and seven.

To the onlooker there were two main reasons in the play for the result. Pritchard's very consistent driving, and his better control over the ball on the fast greens. The longer driver was of course giving strokes, but time and again on the green, Pritchard's decisive putt went down, while the other just stopped outside the hole. The scores approximately are given below :—

FIRST ROUND.

No. of Hole	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Pritchard	4	5	5	5	4	4	5	5	5	7	5	4	5	6	5	4	4	86
Ord	..	8	7	4	3	6	5	6	6	7	8	7	4	4	6	8	4	75 105

SECOND ROUND.

No. of Hole	1	2	3	4	5	6	7	8	9	10	11						
Pritchard	6	5	5	5	+	7	4	7	4	6	5	54 (for 10 holes)					
Ord	6	+	5	4	5	5	6	7	8	8	7	61 (for 10 holes)					

SOCIETY'S MEETING.

THE BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the new Session was held on October 1st, when a good gathering assembled to do honour to Dr. Wynne Thomas, the President for 1914-15.

Among the preliminary business, Dr. Burford gave an account of the activities of the International Homœopathic Council to which we refer in the leading article.

Dr. Wynne Thomas then delivered his inaugural address, entitled, "The Progress of Homœopathy during the last quarter of a century and its Relation to Modern Medicine." Dr. Thomas' quarter of a century is the period of his active connection with Homœopathy, and his address proved to be a most interesting review of the changes in medical outlook during this period. After touching on such changes as affect all practitioners, he dwelt with pride and confidence for the future upon those points in which orthodox medicine has independently approached the conceptions of the homœopathist, and while giving details of the very definite increase in homœopathic forces throughout the world, claimed a due share for Homœopathy of credit for so long maintaining principles which are now in large measure receiving confirmation. At the close of the address a number of most interesting lantern slides were shown of masters of Homœopathy and scenes of homœopathic activity.

The Dinner Club met as guests of the President and did honour to his generous hospitality. Much interesting information was given by various speakers on points concerning the war and the share of Homœopathy in it. It was stated that Mr. Dudley Wright would shortly leave to undertake work under the Red Cross in France for the French wounded, and as a small sign of sympathy and interest with his efforts, the sum of £34 was there and then collected towards the necessary expenses.

The Dudgeon Cup won by Dr. Pritchard was presented to him. The Session opens in stirring times, but promises to be none the less "fruitful and fortunate."

BRITISH HOMOEOPATHIC ASSOCIATION
(INCORPORATED).RECEIPTS FROM SEPTEMBER 16TH TO
OCTOBER 15TH, 1914.

GENERAL FUND.

	<i>Subscriptions.</i>	<i>f. s. d.</i>
Mrs. Easty	10 6
T. Burberry, Esq.	1 1 0
Mrs. Budden	1 1 0
H. Mayfield, Esq.	1 1 0
Sir S. Colvin	1 1 0
Miss K. L. Beard	5 0
W. Langton, Esq.	1 1 0
Dr. Jessie Murray	1 1 0
Miss J. Turner, B.A.	5 0
F. H. Evans, Esq.	10 6
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The Misses Case	10 6
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Dr. E. G. March	1 1 0
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J. Jones, Esq.	2 2 0
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WAR HOSPITAL CONTRIBUTIONS.

Messrs. Gelston & Co.	10 0
Miss Ramsey	15 0
Mrs. H. S. Gladstone	1 1 0
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Miss E. Shadwell	10	0	0
Mrs. Greig	10	6	
Mrs. Vernon Miles	5	0	
Dr. A. Roberts	1	1	0
Dr. Stonham	1	1	0
W. Willett, Esq.	..	..	..	..	2	2	0
The Misses Case	..	..	..	..	10	0	
Mrs. Pissaro	..	..	..	..	5	0	
Mrs. Warren	..	..	..	..	10	6	
C. G. Fothergill, Esq.	..	..	..	..	5	0	0
Miss Morehead	..	..	..	..	9	0	
W. S. Cuff, Esq.	..	..	..	..	10	0	

An Emergency Meeting of the Executive Committee was held at Chalmers House on Tuesday, 22nd September.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 20th October.

COMPTON BURNETT FUND.

The Lecture given under the auspices of the Association to inaugurate the Educational Courses of the Winter Session was delivered at the London Homœopathic Hospital on October 9th, by Mr. James Johnstone, F.R.C.S., under the title of "Medical Education and Therapeutic Principle." Dr. Byres Moir was in the Chair. Dr. Roberson Day, proposing the vote of thanks, emphasized the importance of the educational work.

NEW PUBLICATION.

"The Case for Homœopathy," by C. E. Wheeler, M.D., B.S., B.Sc. (crown 8vo, 98 pp., 1s. net), has just been issued by the Association, and can be obtained from the Secretary at Chalmers House, 43, Russell Square, W.C. It contains substantially the matter of the Course of Five Lectures delivered during the Winter Session of 1913-14 at Chalmers House, and deals with the subject of Homœopathy from the historical, biological and experimental aspects. It is popular in the sense of being unencumbered with technical terms, but it is at the same time a thorough examination of the case, such as to be of interest to serious students of medicine.

EXTRACT.

HOMŒOPATHY IN ALLOPATHIC TEXT BOOKS.

By G. W. COFFMAN, M.D., St. Louis, Mo.

IT is rather surprising to look through some of the late text books of the so-called regular school of medicine and note the great amount of homœopathic principles and doctrines that are being incorporated into their system without giving any credit as to its origin. The authors of these text books frankly admit the truth of some of the principles, and confess that they have been relegated to the scrap heap of disuse simply because the great mass of the rank and file of their profession are so afraid of the bogey name "irregular" that they will not have anything to do with a truth that savours of Homœopathy.

My investigations have been made principally with Potter's "Materia Medica, Pharmacy and Therapeutics." This text book is regarded as standard by the profession, and is taught in a great many of the best allopathic medical colleges of this country. The author does not hesitate to brand Homœopathy as a fraud and call it a vicious form of charlatanism, but at the same time deplores the fact that the regular profession do not accept and practice more of the truths of Homœopathy. "Oh, consistency, thou art a jewel!"

Quoting from this text book, page 19, the author says: "Rational therapeutics means the use of remedies for reasons, based on a knowledge of the pathological conditions present in the subject and physiological action of the agent employed. . . . Hahnemannism in the nineteenth century originated in an effort to find a more rational system of administering medicines than the prevailing empiricism of the day."

He then makes the claim that Albrecht Von Haller announces the doctrine that "Drug proving is the only true basis of drug using," forty years before Hahnemann incorporated it as one of the main pillars in the edifice of Homœopathy, and says that "in the course

of construction this pillar became so hidden beneath a super-structure of palpable absurdities that the medical profession, in its anxiety to steer clear of the whole mass, almost forgot the corner-stone of truth appropriated from one of its own greatest teachers."

He further says : " What hitherto has been the conviction of but a few is daily growing into a fixed canon of professional belief, that physiological experimentation with drugs must be the basis of their therapeutic employment, and that all real advance towards the establishment of therapeutics as a science must be made on the lines laid down by Haller, namely, drug proving upon the healthy human organism."

It seems almost incredible that Dr. Potter would have us believe that he is wholly ignorant of the stupendous work along this line that has been achieved by Hahnemann, Hering, Lippe, Stapf, and dozens of other eminent investigators for the past one hundred years or more.

Quoting further : " The dosage of medicines is the weakest part of the therapeutic armament, the flaw in our weapons which may be the cause of their failure at any moment, perhaps the most critical one for a life. If the accumulated rubbish of ages which has been called therapeutic knowledge is ever to be given scientific shape, or placed in the process of becoming a science, the question of dosage must form one of the principal corner-stones in the foundation. Drugs have widely differing actions on the human organism in health and in disease, according as they are administered in different doses, in different menstrua, and during different conditions of the subject's health. This difference, when between extremes of dosage, is often so wide as to separate actions directly contrary to each other, the action of the very large dose opposing the action of the very small dose ; a truth hidden by one set of dogmatists under their former doctrine (now rule) of ' similars,' and avoided by the great mass of the medical profession through dread of the bogey name ' irregular.' "

The author here acknowledges a truth which lies at the very foundation of our law of similars, but which

truth has not been accepted by a great many of the members of our school, *i.e.*, the fact that very small doses of a medicine will excite an action in the organism of a subject which is directly contrary to the action of a very large dose of the same medicine on the same organism, and by means of this fact we are enabled to give a scientific explanation of the action of the homœopathic remedy. Dr. Potter further gives the homœopathic profession the credit of making the fight to secure the legal right to dispense their own medicines, but says they made the fight for an unworthy motive; that is, that they might conceal the fact that they were fraudulently giving strong alkaloidal drugs in the form of little pellets to deceive their patients into the belief that they were being treated homœopathically. But he contends that it would be much better for the profession if all doctors dispensed their own medicine, and says that the only reason they do not do so is the fear that they might be classed with the charlatans.

The following quotations from this book are a few instances in which Dr. Potter gives very plain directions for the use of drugs in the treatment of diseases according to the law of similars. He advises the use of remedies whose primary actions will produce symptoms which are similar to the symptoms of the disease to be treated, and recommends that these remedies be given in very small doses to cure these diseases. *Aloes.* "It is said to have frequently produced haemorrhoids, which, if existing, it will aggravate."

It is curative in certain forms of haemorrhoids, especially those occurring after delivery and where the condition is not one of active pelvic congestion. It must be avoided in irritable rectum, haemorrhoids of active form, menorrhagia and pregnancy unless given in small doses and with care.

Argentum nitricum.—"In small doses it stimulates the heart, promotes nutrition, and acts as a nerve tonic. In large doses it produces violent gastro-enteritis, corrosion and ulceration of the gastro-intestinal mucous membrane. Burning pain is felt in the throat

and stomach, followed by nausea, vomiting and often by purging.

"It is employed in persistent vomiting, and chronic gastric catarrh, in hematemesis and in gastric ulcer. It has often proved of value in chronic inflammation of the large and small intestines, especially where there was ulceration of the intestinal mucous membrane."

Arsenic.—"In small doses it is a stomachic and general tonic, promoting the appetite and digestion, increasing the cardiac action and the intestinal secretions.

"In full medicinal doses continued for some time, it causes itching and œdema of the eyelids, ptyalism, nausea and vomiting, diarrhoea and dysentery, epigastric pain and soreness, feeble and irritable heart, dyspnoea, disordered sensibility, herpes zoster, urticaria, eczema and other skin eruptions, jaundice and albuminuria.

"It is of special value in irritations, dyspepsia, gastralgia, pyrosis, gastric ulcer or cancer, regurgitation of food without nausea, diarrhoea coming on immediately after taking food, vomiting of drunkards and alcoholism. In chronic scaly skin diseases its value is very great."

Belladonna.—"The brain is congested by *Belladonna*, headache, vertigo, busy delirium and hallucination being produced.

"In cerebral and spinal hyperæmia, congestive headaches, encephalitis, meningitis and myelitis, it proves one of the very best remedies."

Bryonia.—"Bryonia has a specific determination to serous and synovial membranes, especially the pleura, and is also irritant to the muscular fibre and to the bronchial mucous membranes, causing dry, continuous, shaking cough with soreness behind the sternum.

"*Bryonia* is a most valuable drug in the second stage of serous inflammation after *Aconite* has reduced the apyrexia, especially in pleurisy, pleuro-pneumonia and pericarditis to limit the extent of the effusion and to promote its absorption. For this purpose small doses frequently repeated are required. Also in rheumatic fever, after swelling of the joints has been

reduced by other means, *Bryonia* is extremely efficient for the pains and stiffness. Pains of a shooting or tearing character, increased by motion, are often quickly relieved by this drug. It is one of the best remedies for a 'cold on the chest,' with dry shaking cough or shooting pains."

Cantharis.—"A toxic dose of *Cantharis* produces severe gastro-enteritis, abdominal tenderness, tenesmus, mucous or bloody stools, pain in the stomach and lungs, dysphagia, ptyalism, stranguary, priapism, haematuria, swollen genitals, abortion, muscular tremor, convulsions, coma and insensibility.

"As an internal remedy *Cantharis* must be employed in very small doses ($\frac{Mj}{Mjj}$) in order to be efficient. When so used it is an admirable agent in acute desquamative nephritis, after the active inflammation and fever have subsided, to reduce the albumin and blood in the urine. Drop doses are particularly useful in irritable bladder with frequent desire to urinate so often observed in women, also in the incontinence of the aged and in children, and in cystitis, gonorrhœa and gleet."

Cinchona.—"In large doses (3ii) the powdered bark has produced flatulence and eructations, and in many well authenticated instances it has apparently caused a well-marked febrile paroxysm, beginning with a chill, then fever and headache, which gradually subsided with slight perspiration. So also *Quinine*, while incapable of producing intermittent fever in a healthy person, may, if taken in large doses unnecessarily, throw the nervous system into high commotion, and if untimely used by a malarial subject may produce the paroxysm with greater or less severity." *Quinine* is a specific in intermittents.

Ipecac.—"Ipecac. in small doses (gr. $\frac{1}{2}$ to gr. $\frac{1}{4}$) acts as a stomachic and hepatic tonic and increases the gastric secretions. Large doses (gr. x to gr. xx) are nauseant and emetic in from twenty minutes to a half-hour. In poisonous doses it has frequently produced haemoptysis and other haemorrhages.

"In small doses (Mj of the wine), frequently repeated, it is an efficient anti-emetic in vomiting of a nervous

origin, and especially in vomiting of pregnancy. Also in gastric atony, as seen in chronic alcoholism.

"It is an excellent remedy in haemoptysis if given in small and frequently repeated doses until nausea occurs."

Mercury.—"Dr. Ringer said in his earlier edition of his 'Hand Book of Therapeutics,' the phenomena produced by *Mercury* are singularly similar to those which will result from syphilis and the serious symptoms known as secondary and tertiary syphilis can be produced both by syphilis and *Mercury*.

"*Mercury* is undoubtedly a specific in syphilis, but it is not applicable to the tertiary form of that disease. It is best administered in very small doses, carefully watched and stopped just short of ptyalism, but renewed and so continued for a long time."

Podophyllum.—"It is a tonic astringent and resin bearing purgative similar to that of *Jalap*, but slower like *Calomel*, taking six to ten hours to produce its cathartic effect. It increases the intestinal secretions and the flow of bile, causing watery stools with considerable griping pain and some nausea.

"It is recommended in very small doses for prolapsus of the rectum, remittent fever of children, dyspepsia, hepatic derangement, bilious vomiting and headache, and in the vomiting and diarrhoea of gastro-enteritis."

Rhus toxicodendron.—"The action of this plant when locally applied is that of a cutaneous irritant, causing redness and swelling of the affected parts with a vesicular and intolerable itching, which may spread rapidly over the surface of the body and extent to the mucous membranes, producing conjunctivitis, redness and tumefaction of the mouth and throat, thirst, cough, nausea and vomiting, vertigo and stupefaction. Colicky pains are experienced in the abdomen, are worse at night and are aggravated by food and drink. Diarrhoea may occur with tenesmus and bloody stools, also diuresis, bloody urine and even complete retention. Fever with delirium is frequently present, and may be typhoid in character or intermittent with profuse perspiration. Pains of a rheumatic type are experienced

throughout the body, but particularly in the joints and lumbar region, apparently intensified by rest and heat. The fibrous structures are evidently the seat of its selective action, and a sensation of numbness in the lower extremities is frequently experienced.

"Among the regular authorities it meets with very little favour as a remedial agent, but Phillips recommends it strongly in rheumatic affections of the fibrous tissues, erythema and erysipelas, eczema, herpes zoster and pemphigus. Piffard corroborates these opinions of its therapeutic value, and states that when rheumatic pains are worse at night prompt relief may be expected of *Rhus*. It is admitted by many observers to be a useful remedy in paralytic affections of the lower extremities, depending on a rheumatic diathesis or resulting from exposure from cold and wet."

Tartar emetic.—"In small doses *Tartar emetic* stimulates secretions in the bronchial and salivary glands, the stomach, intestinal canal, liver and pancreas.

"In still smaller doses (gr. $\frac{1}{10}$ hourly) it is a particularly efficient remedy in catarrhal inflammations of the respiratory mucous membranes in children accompanied by rattling breathing and much mucus, which is expelled with difficulty."

The above extracts read like first-rate homœopathic indications for the use of remedies in the treatment of disease, and show very clearly the trend of recent regular medical literature towards Homœopathy.—*Medical Century*.

VARIETIES.

ELECTRICAL TREATMENT OF MILK.—METHOD OF DESTROYING BACILLI.—Important results have been obtained at Liverpool with an apparatus for killing by electrical treatment bacteria of all kinds present in milk, and an extensive plant is now in practical working at the Earle Road Corporation Milk Depôt, from which 100 to 125 gallons a day are distributed in about 3,000 bottles.

Dr. J. M. Beattie, the Liverpool City bacteriologist, states that the apparatus was designed by Mr. F. C. Lewis, Assistant Lecturer

in bacteriological methods at Liverpool University, by whom also all the preliminary work was carried out. The first experiments with uni-directional electric current failed to produce sterilization, and caused undesirable changes in the constitution of the milk. By the use of uni-directional and slowly-alternating currents and the addition of minute quantities of salt to produce chemical reactions, it was found that all kinds of bacteria could be killed ; but the milk was spoiled from the consumer's point of view.

The foundation of the system which has now proved successful was the use of a rapidly alternating current which practically sterilized the milk during its passage through a long tube fitted with copper or other electrodes. In the large scale plant now in operation the continuous tube has been replaced by three electrode chambers connected by glass tubing with rubber joints. The work with the experimental apparatus established that "the invariable result" was the "complete destruction of all colon bacilli and bacilli of similar nature with an enormous reduction in the total number of bacteria of all kinds." Experiments with tuberculous milk showed that the bacillus of tuberculosis was destroyed, while bacteria which caused blood poisoning were also destroyed, or so reduced in number as to be harmless. There was also a great improvement in the keeping qualities of the milk, the chemical composition of which, according to the City Analyst, so far as chemical analysis can be ascertained, is unaltered.

Two guinea-pigs inoculated last February with the untreated milk showed definite tuberculosis, whereas the animals inoculated with the treated milk from the same samples were not tuberculous.

Medical World.

ALTERNATING OXALURIA AND PHOSPHATURIA.—In the March number of the *Bristol Medico-Chirurgical Journal* notes are given of two cases in which a condition of oxaluria alternated with one of phosphaturia. The first is recorded by Professor F. H. Edgeworth, and is that of a man twenty-six years of age, who was subject to attacks of renal colic and haematuria, the urine containing large numbers of oxalate crystals and being strongly acid in reaction. Under the influence of a milk diet these symptoms subsided, to recur again when a more generous regimen was allowed. A dose of sodium bicarbonate would cut short an attack, but an excess of the alkali was liable to precipitate the onset of the alternate condition of phosphaturia. This was likewise accompanied by some pain along the course of the ureter, though it was of a duller character than that encountered with the oxaluria. The difficulty thus arising was finally solved by the observation that the recurrence of the oxaluria could be prevented by careful and prolonged mastication of the food taken, being apparently due to digestive disturbance and resulting gastric acidity. The second case, reported by Dr. C. W. J. Brasher, was that of a man, aged forty-six, irregular in his habits, and especially in the matter of eating. He, too, suffered from

attacks of lumbar pain and haematuria, with painful micturition and some urethritis without the presence of gonococci. Over-exertion and digestive disturbances were responsible for the onset of the condition. These attacks were always followed by phosphaturia, the urine becoming quite milky in appearance. The oxalates present in the urine are usually derived from the food, such articles of diet as rhubarb, strawberries, and spinach giving rise to large quantities of oxalate crystals in the urine, often accompanied by pain and sometimes by haematuria. Indeed the condition may closely simulate renal or vesical calculas. Abnormal conditions of fermentation in the stomach may at times give rise to an endogenous formation of oxalic acid, with a similar urinary condition; but in either case the formation of actual crystals of oxalate of lime as a sediment in the urine depends less on the absolute amount of the salt than on accompanying chemical conditions, such as the acidity of the fluid and the relative proportions of calcium and magnesium salts contained in it. On the other hand, phosphates are only deposited in alkaline urine, a condition which may be produced by large doses of alkalies given as medicine, while milk diet may lead to the presence of much calcium phosphate in the urine. The avoidance of the urinary troubles by the adoption of a habit of prolonged mastication of the food taken may seem to afford some support to the theory that almost all the evils of life may be avoided by this simple procedure, one drawback to the system being, however, that the greater part of the twenty-four hours of the day has to be devoted to the chewing process if the strict rules are observed.—*Lancet*.

BISMUTH POISONING.—Little information is to be found in the text-books on bismuth poisoning, though cases can be found in medical literature for more than a century. Probably the reason is that the toxic symptoms were supposed to be due to impurities, such as arsenic and lead. In recent years, since the introduction of Beck's method of treating sinuses by the injection of bismuth paste and the use of bismuth in skiagraphy, cases of poisoning have been more numerous. In 1887 Dalché and Villjean showed that pure bismuth salts were toxic. They gave a dog daily 10 grammes of the subnitrate without observing any ill-effect, but when the salt was put on a raw surface of any extent intoxication often followed. They then made experiments by subcutaneous injection. A dog was injected with bismuth subnitrate on twelve successive days. It died on the thirteenth day. Five days before death there was noticed on the gums of the anterior molars a brownish-violet, glistening serrated line. This line extended and became superficially gangrenous, presenting softened greyish-white plaques surrounded by a brownish-violet areola. Spots of the same colour appeared in the mucous membrane of the mouth. Dalché and Villjean also observed two cases of bismuth poisoning in man, characterized by a black line and white diphtheritic membranes on the gums and bismuth in the urine. Thus the most striking feature of bismuth poisoning is stomatitis. In

advanced stages the teeth fall out. In the *American Journal of the Medical Sciences* for November, Dr. L. M. Warfield has reported the following case. A girl, aged nine years, was admitted into hospital on September 9th, 1911, complaining of a sore mouth. She had suffered from psoas abscess which was twice incised. In November, 1910, about two ounces of Beck's subnitrate paste were injected into the sinus, which promptly closed and no paste was ever extruded. Within two weeks a black line was noticed on the margins of the gums. This had persisted, becoming more or less prominent from time to time. In August, 1911, an ulcer formed on the mucous membrane of the right cheek opposite the second molar tooth. Later, the right side of the tongue ulcerated. On examination the child was found well nourished. The breath was very foetid, the teeth were yellowish and many of them were decayed. On the gum margins of both jaws, both outside and on the inner and outer sides, was a dark, violet-black line about 1.5 mm. in depth, which did not quite reach the free border. The teeth were not loosened. Along the whole right edge of the tongue was a violet-black discolouration which in its widest part measured 2 cm. In its centre was a white opaque serrated membrane adherent to the underlying tissues. On the buccal surface of the right cheek were two ulcers similar to that on the tongue. A skiagram of the right lumbar region showed a shadow 10 cm. long and 2 to 4 cm. broad. Evidently almost all the bismuth remained. No bismuth, albumen, or casts could be found in the urine. Gradual improvement took place, and on February 19th, 1912, the tongue and cheek were healed and the breath was no longer foetid, but the line on the gums persisted. A number of similar cases of bismuth poisoning have been recorded, and also about twenty deaths. From the records a typical picture can be drawn which differs from that of lead or mercurial poisoning. There are three forms: (1) benign, in which a violet-black line is the only manifestation; (2) moderately severe, in which there is more or less acute stomatitis, which is succeeded by chronic stomatitis characterized by discoloration of the gum margins and tattooing of the buccal mucosa; (3) a severe form in which ulceration occurs, secondary infection supervenes, and general symptoms, such as fever, hiccough, vomiting, and diarrhoea, occur. The bismuth line resembles the lead line but differs from it in colour. The urine may be blackish, and frequently contains bismuth and occasionally albumen and casts.—*Lancet*.

ANAPHYLAXIS AND STATUS LYMPHATICUS.—As a result of observations made on cases of fulminant infection in children, some account of which has already appeared in our columns, Dr. Charles McNeil has been led to formulate some interesting suggestions as to the possible explanation of such occurrences as instances of anaphylaxis. The typical conditions found post mortem in animals dead of anaphylactic shock are vascular congestion, oedema, spasm of some of the nonstriated muscles, and destruction of delicate epithelia. In cases of fulminant pneumonia these conditions are well marked, the lungs showing

the condition in an extreme form, with intense engorgement of vessels, constriction of the bronchial muscles, inter-alveolar œdema, and destruction of alveolar epithelium. There are also cyanosis of the skin and congestion of the renal vessels. Now these cases of fulminant infection generally exhibit the hyperplasia of the lymphatic system and thymus which characterizes the *status lymphaticus*, the thyroid gland also showing enlargement. Dr. McNeil suggests that this morbid condition is brought about by some chronic intoxication, possibly by some foreign protein, either bacterial or other, circulating in the system, and that this intoxication is responsible for the hypersensibility of the tissues which is revealed in the production of anaphylactic shock as the result of some slight stimulus; in other words, the lymphatic diathesis is a condition of hypersensibility. The sudden death which occurs in these subjects is anaphylactic in origin. It must be admitted that these views are speculative, and that the evidence on which they are founded does not amount to proof, but the whole subject of anaphylaxis is comparatively new and is involved in considerable obscurity. In favour of the hypothesis we must recognize that the lymphatic enlargement is very suggestive of a chronic infection or intoxication, while the thyroid gland is said to be enlarged in measles, diphtheria, and other infections of childhood. The hyperplasia of the thymus is not so clearly explicable, as its lymphoid character is not quite certain, although its function as a gland with an internal secretion is equally problematical. A difficulty further seems to exist in the fact that anaphylaxis is to a great extent specific, the same antigen which originally produced hypersensibility being necessary for the subsequent development of anaphylactic shock, so that it would be reasonable to expect that the same organism which causes the pneumonia must have been guilty of the production of the lymphatic diathesis—a mode of causation which is supported by no evidence. Still, we cannot be sure that such specific relationship is indispensable in all instances, and Dr. McNeil's speculations are of considerable interest as suggesting new connections between the obscure phenomena of anaphylaxis and important clinical conditions of disease.—*Lancet*.

To LESSEN CONTAGION.—M. Trillat has already several times demonstrated the fact that contagion by the air takes place, especially thanks to the presence in the air of aqueous droplets susceptible of microbial fertilization and thus constituting veritable microbial mists. Now it appears that these tiny droplets present this peculiarity of being capable of being selected and attracted by cold surfaces. M. Trillat recommends, then, the installation in the rooms of contagious patients of cooling surfaces that would play a very precious preserving rôle. On account also of the attraction above mentioned, M. Trillat establishes the fact that the perilous zone in a room thus inhabited is the trajectory that unites the bed to one of these cooling and condensing surfaces.—*Medical World*.

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MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Braun (H.).** Local Anesthesia : Its Scientific Basis and Practical Use. Royal 8vo. (H. Kimpton. Net 21s.).
- Brown (W. Langdon).** Physiological Principles in Treatment. 3rd ed. Cr. 8vo, pp. 416. (Baillière. Net 5s.).
- Cunningham's** Manual of Practical Anatomy. Revised and edited by Arthur Robinson. 6th ed. Vol. 2, Thorax : Head and Neck. Cr. 8vo, pp. 666. (H. Frowde. Net 10s. 6d.)
- Fischer (G.).** Local Anesthesia in Dentistry. 2nd American ed., revised, with additions. Royal 8vo. (H. Kimpton. Net 18s.).
- Frazer (J. E.).** The Anatomy of the Human Skeleton. 4to. (Churchill. Net 21s.).
- Goulston (Arthur).** Cane Sugar and Heart Disease. 8vo. (Baillière. Net 5s.).
- Hare (H. A.).** A Textbook of Practical Therapeutics. 15th ed., enlarged and revised. 8vo. (H. Kimpton. Net 21s.).
- Hayes (R.).** The Intensive Treatment of Syphilis and Locomotor Ataxia by Aachen methods. 12mo. pp. 63. (Baillière, Tindall & Cox. Net 3s. 6d.).
- Hope (E. W.).** Report on the Health of the City of Liverpool during 1913. 12mo, pp. 345. (Tinling, Liverpool).
- Jackson (G. T.).** The Ready Reference Handbook of Diseases of the Skin. 7th ed. revised. Cr. 8vo. (H. Kimpton. Net 15s.).
- Loeb (H. W.).** Operative Surgery of the Nose, Throat, and Ear. 2 vols. Royal 8vo. (H. Kimpton. Net 50s.).
- Mann (J. Dixon).** Forensic Medicine and Toxicology. 5th ed., revised and enlarged by William A. Brend. 8vo. pp. 750. (C. Griffin. Net 18s.).
- Marshall (C. F.).** Syphilology and Venereal Disease. 3rd ed., 8vo, pp. 476. (Baillière. Net 10s. 6d.).
- Oliver (Sir T.).** Lead Poisoning. From the Industrial, Medical, and Social Points of View. Lectures delivered at the Royal Institute of Public Health. 12mo, pp. 294. (Lewis. Net 5s.).
- Paton (D. Noel).** Essentials of Human Physiology. 4th ed., revised and enlarged. 8vo. pp. 582. (W. Green. Net 12s.).
- Quain's** Elements of Anatomy. 11th ed. Editors : Sir E. A. Schafer, Johnson Symington, Thomas Hastie Bryce. In 4 vols. Vol. 2, Part 2, Splanchnology. By J. Symington. Royal 8vo, pp. 392. (Longman's. Net 10s. 6d.).
- Stewart (G. N.).** A Manual of Physiology. 7th ed., pp. 1156. (Baillière. Net 18s.).
- Transactions** of the National Association for the Prevention of Consumption and other forms of Tuberculosis, at the Sixth Annual Conference held at the University, College Rd., Leeds, July 7th and 8th, 1914. 8vo, pp. 252. (Adlard & Son. 5s.).

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, Queen Anne Street, Cavendish Square, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Day, London.—Mrs. Stewart, Sydenham.—Dr. Ray, India.—Dr. Stonham, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—Med. Advance.—The Chironian. La Homœopathie.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omniopatia in Italia.—Revista Hom. de Pernambuco.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—

Hahnemannian Mon. — Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopathie.—Från Homœopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.—Letters to a Doctor.

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An Indicated Remedy in Diabetes. By DONALD MACFARLANE, B.S., M.D., Philadelphia, U.S.A.

Summary of Clinical Evidence of the Use of Tuberculin. By C. E. WHEELER, M.D., B.Sc.Lond.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from August 16th to September 15th, 1914.

Meetings.

EXTRACTS:

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Hyperchlorhydria.

Is Pellagra a Deficiency Disease?

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To Contributors and Correspondents.

THE
HOMŒOPATHIC WORLD.

DECEMBER 1, 1914.

TO THOSE WHO WAIT.

HEAVY the hearts that wait and watch at home,
While Britain's manhood gallantly to war
Goes forth—while few and scattered the words come—
Words that the heavy hearts are aching for ;
And then, perchance, a message but of death,
And a long night of dreary loss and pain,
Of hope forgotten and of vanished faith,
For hearts that never can be glad again.
Yet shall it not be said, though we have lost
The dearest gifts we had on earth to give,
That we, when England called, counted the cost,
Or losing, with a shadowed life shall live ;
Strive we to crown their valiant deeds with worth,
In nobler days their death shall bring to birth.

THE END OF THE YEAR.

1914 ends for us all in a sorrow and anxiety that not all the splendid valour of our soldiers and the promise of victory that we more and more clearly see can make bright for us. The "HOMŒOPATHIC WORLD" addresses but a small public, but to that small body, as to the great host of the nation, death is coming near, and the agony of loss comes close on the heels of the anxiety of waiting in ignorance hardly broken by a stray word here or there. In this dark hour we can but strengthen our hearts with hope and faith and

love ; hope that the coming victory will bring in a brighter day, faith that the dear lives now lost have not been spent in vain, and a growing love for human kind, for men, our brothers, that shall assure, as far as in us lies, that our hope shall not be long deferred, nor our faith but a reed to be broken. This is the season of Peace and Goodwill ; bitter irony the words now seem ; yet if we play our part as nobly as our loved ones are doing across the seas, this Christmas-tide may yet be a time to which all the world shall one day look back, saying "In that darkest hour came the first gleams of the glorious dawn." So may it be !

SUPERSTITIONS IN TIME OF WAR.—Terrible as it is, a state of war has certain compensations for the student of custom, for it often leads to a recrudescence of interesting superstitions concerning self-preservation and health. These mostly date from a remote antiquity. The wearing of charms, for instance, and the employment of various forms of mascots to ward off death or disease are very ancient, and are still not unknown among those European soldiers whom primary education has not sophisticated. The scapulary, or fragment of holy cloth, is worn next the heart by all kinds of fighting men, whose ancestors marched in procession under banners that were supposed to ward off plague when epidemics were raging in mediæval cities. But it is not only in the tented field that primitive superstitions are reborn. Relics of antique custom and belief spring up almost everywhere in periods of stress such as the present. From Dorsetshire, for instance, home until lately of "conjurers" and "wise women," who acted as tribal medicine men among a peasantry of Goidelic descent there comes to us anonymously a "snowball" prayer, which we are asked to copy out nine times and to forward to nine different destinations within nine days. "This prayer," says the anonymous sender, "has been sent to me and is to be sent to all the world. It was said in ancient times that all who passed it by would meet with some misfortune, and that all who wrote it would be free from calamity." It is a simple non-committal prayer, but the manner of its transmission savours a little of blackmail. It would be interesting to know whether such prayers are peculiar to times of national calamity such as those of war or epidemics. A cumulative prayer might certainly have been employed by the pious as a prophylactic during the diffusion of, say, the Black Death. But at present we can find no instance of such.—*Lancet.*

NEWS AND NOTES.

HOMŒOPATHY AT THE WAR.

As our readers know, Mr. Dudley Wright, with Dr. Hare, Dr. Lewin, and Dr. Cunningham, have been in charge of a hospital at Dieppe for French wounded. So successful have they been that they have now exchanged their original hospital of sixty beds for a Government hospital at Yvetôt, of 400 beds. This is magnificent testimony to the excellence of their work.

APPOINTMENTS.

DR. F. T. WHEELER has been appointed Honorary Medical Officer to the North of England Children's Sanatorium, Southport, and also Civil Medical Officer to the Recruiting Office (Regular Army), Southport.

Dr. S. C. Powell has been appointed Ophthalmic Surgeon to the Children's Homœopathic Dispensary, Shepherd's Bush.

HOMŒOPATHY AT THE ANTIPODES.

WE are glad to learn that the Homœopathic Hospital at Launceston, Tasmania, continues to flourish. It has treated seventy patients, most of them very serious cases (twenty-nine operations), with only three deaths, and ends the financial year with a balance in hand. The hospital receives a Government grant, and we join with all our readers in wishing our colleagues a full and prosperous year of work.

CALCIUM IODIDE IN GLYCOSURIA.

DR. NESTOR TIRARD, reporting on this subject in a review of the treatment of Glycosuria, quotes three cases in which the drug was given. Five grain doses twice a day in one case, and five grains three times a day in another, caused a marked increase in the amount of sugar passed. In the third case ten grains three times daily caused first a fall, then a rise, then a remarkable fall, followed by a rise to a somewhat lower

level than the original one, and thereafter a steady maintenance of the condition. These results lead Dr. Tirard to conclude that there is no value in the drug, but the homœopathist will be inclined to think that if substantial doses tend thus on the whole to aggravate the condition, the proper use of the drug is in potencies. These should be tried.

ZADKIEL'S ALMANACK.

ONCE more comes the faithful Zadkiel to illuminate the future for us. He rightly claims to have foretold the danger of war as long ago as last Christmas, although we own to finding in past numbers so many warnings of war possibilities that we had not anticipated a year ago this most terrible war ever waged, and cannot help wishing that the stars had underlined their warning more heavily. As to the end of the war there is a certain nebulous uncertainty where we are all longing for definite news. Here again it would be a consolation if the stars would boldly "put their money" on a fixed date. As far as we can make out, however, Zadkiel does not anticipate a very long struggle, and may that forecast be true.

DR. SÜSS-HAHNEMANN.

WE regret to learn that one more direct link with the memory of our master Hahnemann has been snapped by the death of Dr. Süss Hahnemann at Ventnor. Dr. Süss-Hahnemann was a grandson of Samuel Hahnemann, and practised in England for many years. He did not mix much with his colleagues, but was widely respected and beloved, and his death will come as a shock to many.

CAUSTICUM.—A hollow, dry, hoarse cough with soreness and rawness down from the trachea. The causticum cough is the opposite of rumex, in that it is worse when covered up warm in bed. It is relieved by sips of cold water. The feeling as if there were mucus in the larynx which the patient cannot get under and raise is very marked in causticum. With the cough the patient involuntarily voids urine.

ORIGINAL COMMUNICATIONS.

SOME BALKAN WAR EXPERIENCES.*

By E. RAMSBOTHAM PANTCHEVA, M.B., B.S. (Durh.).

An apology is certainly due to this learned Society for a paper so unlearned as that which I propose to read to-day, yet I hope this slight account of some experiences under the Bulgarian Red Cross in the war against Turkey may not be entirely without interest.

People have said "But why did they need women doctors at the war? Why could not men do the work?" Of course, men could have done the work if they had been there; it was no question of men or women, the crying necessity was for doctors. Seeing that even in time of peace the Balkan States have a dearth of medical practitioners, it was no wonder that in time of war the scarcity became a famine, and desperate appeals for help were sent to other nations. But, with all the help received from other countries, there were still too few doctors at the central hospitals in Sofia, too few in the base hospitals, none at first on the transport routes, too few in the field hospitals, and far too few on the battlefields. Many wounded men found no Red Cross station after a battle, and wandered on foot till they reached a town or dressing station, often several days distant; and even those who received attention early had then to travel to the base hospitals, on foot or in ox-carts most of the way, with no further treatment. We in Kirk Kilisse received cases wounded nine to eleven days previously and dressed once. After the armistice better conditions prevailed, but in November, 1912, the state of the wounds and wounded was lamentable.

When I say "we," I refer to Dr. Alice Hutchinson, of Edinburgh, Dr. Dorothea Tudor, and myself, who went out in November, 1912, as temporarily attached medical officers to the Women's Sick and Wounded Convoy Corps, a body of variously trained women, whose proffered services, rejected by the British Red Cross on

* A Paper read at the British Homœopathic Society, May 7th, 1914.

the ground that there was no work for women in the Balkans, were promptly accepted by the Bulgarian Red Cross, and the Corps was ordered to proceed as quickly as possible to Kirk Killesse. The journey occupied thirteen days, owing to congestion on the Servian and Bulgarian railways, and cut railway lines in Thrace which necessitated a six days' trek in bullock wagons, but the wounded were still pouring into the town when we arrived. The two empty Turkish houses we were given for a hospital were more than full three days after we took possession, and two more empty houses were soon annexed to shelter the more able-bodied in-patients. Dr. Tudor and Dr. Hutchinson were in charge of the wards—small rooms and corridors, where we soon had to put down sacks of straw on every available spot, our fifty beds (fifty was the number of patients for which the Corps was prepared) being totally inadequate to the scores of cases for whom in-patient treatment was absolutely necessary. Mine were the joys of the out-patient department, where with the help of two first-aid-trained dressers I looked after the men who could walk, and whose plight was less desperate than that of the in-patients. From 8 a.m. we dressed, in the wards and downstairs in the out-patient room, and during the first weeks the work was never over before darkness fell, especially when two of us were in the operating room for one or two hours in the mornings. The out-patient cases were usually finished by 4 or 5 p.m., but the dressings in the wards were a terrible business, and none of us will ever forget dressing a compound comminuted fractured humerus and radius with five wounds (septic of course) by the light of a bad oil lamp and a feeble candle, with no room to move in, and no table except the next bed, which was occupied by a compound comminuted septic fractured femur. Altogether, the first three weeks of the Convoy Corps Hospital remain in one's memory as a nightmare of dirt, darkness, over-crowding, and sepsis. Of course we might have refused, as did some foreign missions, to take more patients than we were prepared for, but we had seen other hospitals in the town, and our crowded rooms seemed to us to be a lesser evil than either the

other already packed hospitals, or the streets, and we were justified of our patients, for all the wounded recovered. We had one death during the five weeks the Convoy Corps Hospital was open, and he was a case of typhoid, who took a midnight walk and died of heart failure. The only clean wounds we saw were those we made ourselves, for bullet extractions ; we had only one case of simple fracture, and all the compound fractures were septic. The odours in the out-patient room on the arrival of a new batch of wounded are pleasanter imagined than described. The men had had no baths for months, no good wash for weeks, and no sort of clean-up since they left the battlefield, all the dressings were soaked with pus, and pus dripped from the softened waterglass bandages on the fractured limbs. Wounded members were all colours of the rainbow except a healthy red. Several fractured arms and legs were sent to us from the Red Cross headquarters "for amputation," but the general condition of the men was sufficiently good, in spite of the sepsis and the added exhaustion consequent on the journey, to warrant their being given a chance to keep their limbs, and none of our men lost eventually by amputation more than fingers and metacarpals. I sent in one arm from the out-patients for amputation, but Dr. Tudor attacked it so determinedly with lysol baths that even it remained attached to its owner. Two and a half inches of the middle third of the ulna was shot away, the forearm was little else but flesh wound, it and the hand were swollen out of recognition, and were black and œdematos. For days the man sat in bed and prayed us to take it off, but later he went home loud in thanksgiving that his prayer had not been answered as he wished. His wounds were then nearly healed and he was beginning to pronate and supinate again. The patients were very good on the whole, and very grateful for all that was done for them. They were courageous and could endure pain well ; as a matter of fact they preferred anything to an anæsthetic, though they took chloroform admirably when they found there was no escape. They were hardy too, and bore wounds, sepsis, and medical disease in a way to make anyone accustomed to the hospital patient of

London marvel and rejoice. In the six months we worked for the Bulgarian Red Cross we only lost one wounded case, a septic fractured temporal bone; other septic fractured skulls recovered and went home, one after lying for a fortnight with complete loss of speech and right hemiplegia due to a three inch sagittal fracture in the frontal and left parietal bones, another after removal of eleven fragments of parietal bone in November and trephining in March for Jacksonian Epilepsy. He had just been operated upon when Queen Eleonora visited our hospital. She looked at him, sighed, and shook her head. "Ah, trephined?" she said, "we lose them all." We wished she could have seen him in Sofia six weeks later.

Those two fractured skulls were among our first patients, and we did not hope to be able to treat them for so long a time. The Convoy Corps went home after five weeks of work, the hospital was closed for lack of nurses, and the twenty worst cases were sent to the British Red Cross Hospital two miles away. Ten days later this British Red Cross unit went home also, for lack of funds, and the Bulgarian Red Cross sent us to take over their hospital, including of course our own old patients. The men greeted us most warmly, and their welcome was almost the only redeeming feature of the first appalling days at what was now the Tchetverta Etapna Bolnitsa, the fourth Base Hospital, of Kirk Kilisse. Never before had we seen such dirt and desolation as in those wards and corridors. The orderlies no doubt had been engaged in packing for several days (of course there were no women nurses with the British Red Cross), the Bulgarian peasant's ideas of sanitation are *nil*, and the corridors were unspeakable. There were 100 patients in the wards at the time, no notes, no charts; worse still, no nurses. The Red Cross had assured us that nurses were already provided for the hospital; but, alas, the favourite Bulgarian word is "Utre," which means "to-morrow," and for some time it was still "to-morrow" that the nurses were going to arrive. Two Bulgarian ladies, a High School mistress and a student at Sofia University, who had come every day to the Convoy Corps Hospital and proved invaluable

able as out-patient dressers and interpreters, fortunately for us at this juncture deserted the isolation hospital, where they were working at the time, and came up to the Fourth Etapna, but for several days these two and an aged Russian woman were our entire nursing staff. At night there were no nurses at all ; orderlies roused us if the patients thought it necessary. Eventually we had 150 patients (as a general rule) in our six wards, with one day nurse for each ward. Of these nurses one was a trained Bulgarian Red Cross sister, who was worse than useless, four were volunteers who had gone through Queen Eleonora's three months' course of hospital and ambulance training, and one was a Russian child of sixteen who ought to have been at home or in a reformatory. Each nurse was in turn on night duty for the whole building. Three could be trusted, but when the others were nominally on duty we found it best to get up without being called to visit the bad cases. Later I found my two nurses were as untrustful of the others as I was myself, and more than once we met in the wards at dead of night, or dawn, bent on the same errand. I felt obliged to command them to stay in bed and take their much-needed rest—but I never asked afterwards whether they had done so !

It was early in January when we went to the Fourth Etapna Hospital and we stayed there nearly four months. At first we had chiefly medical cases, as the armistice had lasted long enough for most of the wounded to be sent home or to the central hospitals in Sofia ; but the armistice ended in renewed roar of guns and every hospital began to prepare for more wounded. When the three months had expired for which we had offered our services to the Bulgarian Red Cross, the attack on Adrianople was daily expected, there was so much work to be done that only direst necessity would have justified our leaving, and we stayed on as requested. Then came the fall of Adrianople, and upon our wards of typhoids, pneumonias, dysenteries, tuberculosis, and rheumatism, came flooding in the wounded : once again, as in our first little hospital, beds were jammed together, and every available inch of floor was spread with sacks of straw ; once again only the worst cases

could have beds, and we had to kneel on one patient's bed or sack to dress his neighbour's wounds. Insect life flourished more than ever, and the British Red Cross men would realize fully what that means. They told us when they were there that the place (which had been a Turkish barracks) was "positively a menagerie" in spite of their carbolic and whitewash, and this was no more than the truth.

The wounded from Adrianople arrived only three days after being wounded, and there were now much better arrangements for field dressing; also there were dressing stations along the transport route, so that none of the wounds were in the terrible condition of our November cases, and though the numbers in our hospital rose from 150 to 200, they did not go above that, for we were able to send on many cases to the convalescent barracks after only a few days' treatment, and thus to make room for the fresh hundreds who came in from Tchataldja as well as from Adrianople. The large numbers made the work heavy, but the conditions were a great improvement on our first experiences; we had at least long hours of daylight, and very fair oil lamps; we had several tables in the wards and in the daily dressing room, and we had the help of a first year's medical student as dresser. There was no out-patient department, the hospital being too far from the town, so that we knew how many patients we had to deal with in the day—except that, of course, just as we were finishing at seven or eight o'clock at night, having begun work in the morning after the usual 7.30 breakfast of bread, milkless tea, and cheese, we might hear a tramp of feet and creaking of ox-carts, and know that another batch of wounded was upon us, to be sorted out and probably dressed that night. But the worst of the rush was over in about a fortnight, and the crowds in the wards began gradually to decrease, until a month later we again had only our normal 150 patients, and medical cases were once more in the majority.

We had not many cases of typhoid, they were all supposed to go to the isolation hospital at the other end of the town, but such as found their way to us (usually sent from the convalescent barracks) could hardly be

turned out again when the diagnosis was established—it took three days to get a Widal report, and by that time a two-mile jolt in an ox-cart was out of the question. Possibly the Bulgarian Hospital Director (a medical man who in war time is also Board, House Committee, Secretary, Matron, and Registrar) might have insisted on turning them out, for he had the right of interference with an Ordinatur (physician or surgeon-in-charge), but he invariably persisted in adhering to the diagnosis with which the patient arrived. I had five cases, who arrived labelled tonsillitis, anæmia (with a temperature of 104° F.), influenza, rheumatism, and gastritis, and no doubt Dr. Tudor and Dr. Hutchinson could give an even longer list, for they had more cases—my wards were supposed to be surgical only. It strikes me now that the Director had probably made the many and various diagnoses himself, for he was also the Director of the convalescent barracks ; but at the time we were only thankful that he quarrelled with us for diagnosing enteric, for by that means the typhoids stayed in peace and none of them died, though one of mine ought to have done so, for twenty-four hours after his temperature became normal I met him in the compound in a piercing March wind, tottering back from a stolen visit to the outside latrines. And his temperature remained normal and his pulse the same as before ! We came to the conclusion that Bulgarians were not subject to the same rules, physiological or pathological, as Englishmen. Almost all the typhoids sat up if they did not get out of bed. The only one who really behaved as he should was rewarded by a relapse, the only relapse in any of my cases.

In the end of April three of the six large hospitals in Kirk Kilisse were closed, as the remaining three sufficed for all the patients who were left, and we were sent south to the First Field Hospital of the 7th Army Division, at Usun Keupru, which takes its name " Long Bridge " from an excellent piece of sixteenth century masonry, three-quarters of a mile long, stretching across the River Ergene. He we found two buildings for surgical and general cases together, and tents for typhoids, choleras, and suspects. Dr. Tudor was in

charge of the cholera, and had some fairly severe cases, although the epidemic was by that time dying out. Saline and caffeine injections saved some, but all the cases with well-marked clinical symptoms died, one a Turk who had been starving all the winter in Adrianople, and was in no state to resist any infective organism. Dr. Hutchinson reigned over the typhoid tents and half the general medical cases (sixty or seventy of the latter, and about forty typhoids and suspects), the Bulgarian Director took charge of the remaining medicales, and I had about eighty wounded and frozen patients. We had three women nurses: the High School mistress who had been with us from the beginning, and who was left as my interpreter; a Polish volunteer nurse who interpreted for Dr. Tudor in the cholera tents, and a trained Bulgarian Red Cross sister, who was a constant anxiety to Dr. Hutchinson in the typhoid tents. The Red Cross sisters in Bulgaria have one year's training and are then fully certificated; they think they know everything, and we were very thankful there were so few of them. The rest of the nursing and much of the dressing was done by orderlies, and was very satisfactory on the whole, though my head nurse (a sergeant) worried me by trying to induce me to give *Opium* to every man who complained of a stomach ache. He was intensely surprised that I did not prescribe it as a matter of course—such is the condition of medicine in Bulgaria, and surgery, alas, still feeds cases of acute intestinal obstruction on repeated castor oil and *Morphia*, and (no wonder) expects them to die, with or without an eleventh hour operation. As dressers the orderlies, who had all had some training, were quick, clean, and careful. The wounded were not so badly injured, nor so neglected as before the armistice, and we had at last some fairly good splinting—nothing like Gooch, but a great improvement on the bits of packing case we had to use at first. The weather, too, was excellent, most of the men could spend the day out of doors except in the heat of mid-day, and they made good progress.

The frozen cases were worse than the wounded. There were forty or fifty frost-bitten men, who had

arrived three weeks before, after a blizzard which swept across the narrow peninsula of Gallipoli, leaving destruction behind it. One regiment of 5,000 lost 1,500 men in one night dead and injured. The Director of the Hospital told us that when the frozen men arrived he and two young Czech doctors worked hard for two nights and days before all were dressed and operated upon. In many cases, when the dressings were opened, fingers and toes came away with the dressing, and in others there was already a well-marked line of demarcation on feet, ankles, or hands. Three young men under twenty-five had had both feet amputated above the ankle joint and lost the fingers and thumbs of both hands. Of course, every wound still streamed with pus, the rooms were overcrowded, and Bulgars have a deep distrust of open windows, so the atmosphere of the wards often resembled that of our little dressing-room in the Convoy Corps Hospital. But here we had quite a good dressing room—unfortunately it was also the operating theatre—with linoleum on the floor, and two tables, besides the operating table on which the septic stumps were dressed day by day.

How I longed for *Calendula* and *Hydrogen Peroxide*. But the wounds healed marvellously with the *Silver Nitrate* ointment and *Tinct. Benzoin Co.*, with which we were supplied, and the medical cases, too, became convalescent, so that by the end of May we saw for the third time a hospital under our care emptying itself, those who could not be sent home being sent to the central hospitals in Sofia. There were only fifty or sixty cases left altogether, not too much for one man, as all were doing well, so we sent in our resignations to the Red Cross, and in spite of the protests of the District Principal Medical Officer of the Army Medical Corps, we came home. We could not think why the authorities were so extremely reluctant to let us go, but in June we knew, for the war between the allies broke out. But we also knew that a number of Russian doctors had been engaged, and none of us volunteered to go back.

I have said I longed for *Calendula*. Fortunately I had some homœopathic drugs with me, and all un-

wittingly I frequently broke the law of Bulgaria, which forbids medical men to dispense any drug whatever, for I dealt out powders whenever I could see them indicated, with some cheering results and many failures. Certainly I think *Phos. 10m.* turned the scales in favour of the one case I trephined, and a case of septicæmia had no doubt what it was that kept him out of the soldier's cemetery, it was "those little powders of the Doktorka's." I gave him *Arsenicum* when every one had given him up for lost, and he pulled round in twenty-four hours; then, in spite of the saline injections (which he also had before the *Arsenicum*) he sank again. This time he had *Sulphur*, and a few weeks later he went to Sofia. At one time there were in one of my wards three cases of influenza (not typhoid), all presenting what seemed to me typical *Belladonna* symptoms. I gave two *Belladonna* and the third *Aspirin*, and all three recovered speedily and simultaneously!

No one in Bulgaria seems to know anything at all about homœopathy. Queen Eleonora was almost the only person I met who had even heard the name. She had been dosed in childhood by her mother with *Nux* and *Pulsatilla*, etc., and she was greatly astonished to hear that homœopathy had not yet died out. I assured her that judging by the additions lately made to this hospital it was anything but moribund, and she was much interested. But there is a country presenting virgin soil to the plough of any enterprising practitioner—I shall not be going back myself for the next four years at any rate—and considering how much room there is in Bulgaria for medical men, it is well worth any young man's consideration. One of the British Red Cross men who went out again for the second war stayed and settled near Sofia, and I hear is doing extremely well.

I see I have already occupied your time for too long. I should have liked to tell more details of the wounded and of other hospitals we saw; of our fifteen sick* who died during the six months; of the *post-mortems* we did

* This does not include all the cholera cases, of which, unfortunately I have no record.

in a barn ; of the surprise of the Bulgarian doctors when they found we wished to do an autopsy, and their still greater surprise when we did it. "What ?" said the Principal Medical Officer. "Can they open a body ?" But I look at the interesting programme before us, and feel my next word must be finis.

WOUNDED BELGIAN SOLDIERS AT THE SOUTHPORT HOMŒOPATHIC HOSPITAL.

By DR. F. J. WHEELER.

AT the beginning of the war our Committee offered thirty beds to the military authorities for the treatment of wounded soldiers. This offer was accepted. On the 12th October we were advised that fifty wounded Belgian soldiers would arrive two days later. Preparttions were accordingly made at the hospital for the reception of wounded. The large ward at the North end was furnished, the nurses' dining-room was converted into a ward, and the centre ward was also given up to the accommodation of soldiers.

There was considerable uncertainty when the train conveying the wounded would arrive. Early messages mentioned the probability of 10 p.m., then midnight. Eventually we received an official message to the effect that the train was due in at Southport 3.40 a.m. Dr. Cronin Lowe and the writer, together with the representatives of the other institutions in the town, were at the station to meet the train. Nineteen of the wounded were then conveyed to our hospital in motors which were very kindly lent by private owners. Each car was accompanied by members of the Southport Ambulance Brigade, who made themselves responsible for the safe transit of the patients. By the aterations in our hospital accommodation previously mentioned, and the tuition of local ladies by our energetic Matron Miss Henrici, not only were we able to take in nineteen of these wounded Belgians (nearly three times as many as any other institution in the town), but the nursing arrangements for their reception and care were fully

provided for, in spite of the fact that we still reserved for our local work adequate facilities for both general and private patients. On the night of arrival of the wounded, there was a special voluntary staff of fully qualified nurses, arranged for by the kind enthusiasm of Mrs. Goodfellow, who was herself assisting. These nurses, to whom we are greatly indebted for their skilful and expeditious services, were relieved later in the morning by voluntary helpers specially trained by Matron.

When all the patients had received a preliminary washing, and had been put to bed, a strenuous two hours then fell to the lot of the medical and nursing staff. The wounds in many instances had not been dressed for three or four days, and in almost all cases *Calendula* fomentations were required. A brief survey was sufficient to indicate that about one-third of the cases would require operative treatment. The cases where it was doubtful whether bullets had been extracted were radiographed later, as were also the cases of fractures. Fortunately, however, many of the serious cases have cleared up quite satisfactorily with treatment, and fewer than was anticipated at first have required operative help. A full account of the wounds, their nature and treatment, will be given later.

DR. HAYWARD—AN APPRECIATION.

By DR. P. PROCTOR.

THE death of our colleague, Dr. John Williams Hayward, removes from amongst us a strong personality, one who has figured largely in the history of Homœopathy in this country. Born in 1828 at Stockport, he had completed his eighty-sixth year, and during that length of active life he played many important parts in our public demonstrations and as a writer and practitioner, and for the last twenty or thirty years he was probably known as the most distinguished representative of our school in this country. He was trained at the Andersonian Uni-

versity, Glasgow, and took his degree at St. Andrews, and became M.R.C.S.(Eng.), and L.S.A. in 1854. In 1877 the Hon. Degree of M.D. was conferred upon him by the New York Homœopathic College. He settled in Liverpool, and during his first year of practice encountered an epidemic of cholera. Finding the ordinary treatment of no avail, he was led to try *Tartar emetic*, along with *Camphor*, and with such satisfactory results that his objection to the principle of similars broke down at once. He obtained an introduction to Dr. Drysdale, then practising in Liverpool, and was induced by him to study Homœopathy, and to adopt it. Thence forward the two were close friends and associated in professional life, and were, conjointly, authors of some works on house-building, chiefly in relation to ventilation. In this way he joined the band of homœopathic enthusiasts who gave a firm scientific basis to the system in England, including among them names such as Drysdale, Russell, Ker, Dudgeon and Black. Dr. Hayward soon became honourably associated with them as an active co-worker. In those early days Homœopathy had a stormy period to pass through, but bravely they fought their way to a public recognition of the system and a legal standing. It was at one time possible to hold an inquest on a patient who died under Homœopathy, but our late colleague lived to see hospitals built and a large public supporting them, the one in Liverpool being chiefly due to his exertions. His mind was of that cast that when once he had a clear perception of his objective he was not to be daunted or turned aside from his purpose. Henceforward his life was devoted to the furtherance of the cause.

Along with Drs. Hughes and Clifton he visited the American Congress, and afterwards often spoke of the kind reception they met with and the distinguished men who represented Homœopathy there, and to the last was on friendly terms of correspondence with some of them. Their journals he took and read with great interest, and was perhaps as well known in America as at home. At our own Congresses he was an unfailing attendant. A short while ago, in conjunction with the

writer, he compiled a list of all the Congresses here, with the dates, Presidents, subjects of the addresses and locality, and it was a pleasure to him to review the various occasions and recall the persons who had figured there, most of whom have passed away. After many years of strenuous work, for he was never idle, his colleagues became awakened to the fact that his labours called for some public recognition, and accordingly, at the London Congress in 1908, a silver rose bowl was presented to him with an inscription expressing the high respect in which he was held. This recognition was very gratifying to him, and he hoped that the bowl would be preserved as an heirloom in his family.

Being of abstemious habits and a non-smoker, he was often rallied by Dr. Drysdale as not being a true Hahnemannian, for Hahnemann certainly smoked, and that considerably. His one relaxation was whist, and he dearly loved to win his rubber. This economy of time enabled him to get through a lot of reading and thoughtful reflection. Hardly anything scientific came amiss to him, as his mind was essentially of a scientific cast, the Arts taking a very subordinate place. The following remarks by his son, Dr. Charles Hayward, give a correct estimate. He says, "His mental keenness and aptitude for new and extended knowledge was a marked characteristic up to his last short illness, and the interest and avidity with which he would read and discuss scientific books such as 'The Nature and Origin of Life,' by Professor Benjamin Moore, the eagerness with which he would receive any such book that I might send, or the zest with which he would send me any new book which had aroused his own interest, was always a pleasure to see, and it proved that although old age might have claimed some concessions physically from him, his mental faculties almost defied its encroaches. He became rather deaf, and latterly reading was not so easy, but those things he did read and hear were received into as active and accurate a calculating machine in his brain as could be found in the general run of men in the prime of life."

Eugenics, Phrenology, Biology, Evolution, Darwin-

ism, and even Mendelism, were favourite studies, and his mind remained vigorous to the last.

Of his writings may be mentioned his "Homœopathy and Allopathy Contrasted," an early work; "Taking Cold," which ran through several editions; "The Baths and Wells of Trefriw," which brought to notice the little-known ferruginous spring in North Wales; "Protoplasm," a treatise on its evolution from Amœba to Man; and several other minor efforts. His work on "Scientific House building," was written in collaboration with Dr. Drysdale. A large amount of labour was expended on the Cypher Repertory, of which he re-issued the Ear chapter, but his most important professional work was his monograph on *Crotalus* venom. This is a standard work, and has very little to be added to since it was written. All the available knowledge was incorporated and new provings added. I was myself enlisted in the service and observed some symptoms from the 30th. So anxious was Dr. Hayward to get exact knowledge that he obtained some rattlesnakes from America and got the poison from them whilst alive; a somewhat hazardous business. The poison so obtained was handed over to the chemist for dilution, and constitutes probably the sole supply in this country. Of our late colleague's other writings to enumerate them would necessitate a search through all the volumes of the *British Journal of Homœopathy* and the *Homœopathic Review*. They were many and all of a practical character.

It was my privilege during the latter years of his life, after his retirement from practice, to see a good deal of him, and it was always a pleasure to discuss matters of scientific interest with him. He would often say that he was glad to have lived in the present century, it had so much that was good in it, whilst the past had been so bad and the future was so doubtful.

In politics he was strongly Liberal, not to say Radical, although born and brought up in a Conservative family. His mental independence and self-reliance led him to take the more popular views which he held through all his adult age.

We have therefore lost in Dr. Hayward a strong

character and a clear headed and staunch advocate of Homœopathy, one whose life-work was devoted to the cause and who has helped to make history, the last of a band of pioneers. The injunction "Whatsoever thy hand findeth to do, do it with thy might" was never more faithfully obeyed than in the case of our late colleague, John Williams Hayward.

CASES FROM PRACTICE.

By R. S. STEPHENSON, M.D.

CASE I.—*Melancholia*.—A business man gradually becoming depressed and peculiar. He lost all self-confidence.

He was frequently weeping, at other times would laugh and grimace when he thought he was alone.

He avoided all his acquaintances, shunning everybody. A knock at the front door would send him into a panic, thinking it was someone coming to take him to an asylum.

He was *full of fears, timid* and suspicious, quite contrary to his usual state of mind.

He had been ill for five months when I saw him, had given up business and was steadily getting worse.

He was given *Baryta Carb.* 200, which has just the above timidity, etc.

In one month he was better, still very nervous, but had far more self-control and had lost some of his fears.

In two months was much better.

In three months he was well and back at work, where his employers had never expected to see him again, especially as he was past the prime of life.

He remains in good health.

The remedy was given in infrequent doses as called for by the symptoms.

CASE 2.—*Mental Disease*.—Also a business man, who overworked himself habitually. Some years before he had had a nervous breakdown and been in a mental hospital. He suffered much from insomnia, was confused, had delusions that his children were ill,

that his wife was going out of her mind, that their business was ruined.

He had long suffered from cold, damp feet, and was chilly. All these symptoms, especially the *confusion of mind, the fear of misfortune and of insanity*, are to be found under *Calcarea Carb.*, which was given with the happiest results in the 200 dilution. He returned to his work in three or four weeks, and has remained well for some years now.

CASE 3.—*Melancholia with suicidal tendency*.—A young lady with a family history of mental disease.

One brother committed suicide and the shock had helped to unbalance her reason. Three years before she had had an attack of melancholia.

Her state was a sad one; she had been very intelligent, very conscientious, very devoted to her household.

Now when asked to tell her symptoms she could only weep. She seemed to have the ideas, but was totally unable to give them utterance.

She would start a sentence, say two or three words, then stop and stammer and break down in tears.

She was so confused that it would take her an hour to write a brief letter, and then it was not coherent, in fact, she was quite childish.

For some weeks I treated her with *Ignatia*, *Pulsatilla* and *Natrum Mur.* with no benefit. I was then led to give *Thuja* from the symptom “cries when spoken to about herself,” as given in Kent’s Repertory. *Thuja* did good and for three months she slowly improved under its action. She was still, however, hesitating in speech and very easily confused.

Sepia was next given with good results, the hesitation in speech getting quite better. She then wrote “Am making steady progress, but troubled with much pain in the side and with a peculiar headache at times, a tightening over the forehead as if a cobweb had been pasted and dried on.”

This curious sensation is characteristic of *Baryta Carb.* It was given, and she wrote a month later, “The worst symptoms quickly melted away after the

powders, indeed I did not believe they could have left one in so short a time. I used to look forward to the days when the powders were to be taken, and usually woke next morning with no trace of the pain in the side and feeling very fit. Have been busy with my housework and have no return of the tightening of the skin of the forehead." She has continued well for over a year now.

NOTIFICATIONS.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. F. WHEELER.

Dr. Francis Wheeler has removed from 95, Cambridge Road, to 41, *Albert Road, Southport*. Tel. 438.

MR. J. JOHNSTONE, F.R.C.S.

New Address.—Mr. James Johnstone, F.R.C.S., 11, *Welbeck Street, Cavendish Square, W.* Consulting Hours: Tuesday, Wednesday, Thursday, 11 to 1; or by appointment. Telephone, Mayfair 349.

DR. V. GREEN.

Dr. Vincent Green attends at 82, *Wimpole Street*, on Monday, Wednesday and Friday, from 12 to 2 p.m. Telephone, 333 Pad.

A PHYSICIAN OF ANCIENT SARDIS.—We have on many occasions written of the medical personalities of ancient Greece and Rome, concerning whom archaeological research has come upon some details. We may particularly refer to the case of Menophantos, the public or municipal physician of Amphissa, near to Delphi, and to that of Aurelius Heron and Aurelius Didymus, public physicians of Oxyrrhynchus. Another name has now to be added to these prosopographia of medical men in classical times. It is that of a practitioner at Sardis, in Asia Minor, whose memorial has been found by United States explorers when excavating upon the site of that ancient Lydian and Roman city. The inscription reads as follows: "Artemas a physician (*ιατρός*) built this tomb for himself, and for Melitene his wife, and for his heirs; he is living." The title of "iatros" may suggest that Artemas also was a public physician. Such medical officers were very frequently employed by the Greek cities of Asia Minor, and in inscriptions their official epithet, such as *δημόσιος* or *δημοτεύων*, was commonly omitted. The usual number in office in a town varied from five to ten. The nearest date assignable to this new text is the first century B.C.—*Lancet*.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Session was held on November 5th at the London Homœopathic Hospital, Dr. Wynne Thomas, President, being in the chair.

The death of Dr. John Hayward, Sen., was the subject of eloquent and appreciative speeches by Dr. Blackley, Dr. Hawkes, and Dr. Sandberg, and a vote of condolence was unanimously passed.

Dr. Wynne Thomas and Dr. Burford reported as to various matters concerned with the European war.

Specimens were shown by Dr. S. Alexander. Dr. John Weir then read a paper on "Homœopathic Philosophy." It developed clearly and succinctly the writer's principles in the treatment, especially, of chronic diseases, and was heard with close attention. A good discussion followed, points of agreement and of difference were raised by various speakers. It is usual for papers on the methods of application of our law to cause interesting discussions, and this paper proved no exception to this rule. Among the speakers were the President, Dr. Byres Moir, Dr. Bodman, Dr. Tyler, Dr. Goldsbrough, Dr. Pullar, Dr. Wheeler, and Dr. Weir replied.

The Dinner Club met as usual after the meeting.

A cough, with bloody expectoration in large quantities, and tested repeatedly in all modern ways for tubercle with negative results, but did reveal hepatic flukes. Stitching pain in right hypochondria, high pulse and temperature, with mental irritability and worse from warmth and slightest motion. *Bryonia* relieved when the patient was almost beyond recall. The expectorations became less, the pain less; marked improvement in mental symptoms; the whole picture looking much more hopeful. Examination of the chest disclosed dullness below the horizontal line of the nipples in the right chest and a great preponderance of the right over the left side. Abdominal distension and swelling of the lower extremities, with a sensation of fluid swashing in the abdomen; any fluid taken by mouth immediately increases the distension; aggravation from taking soup or coffee, and at 3 a.m. *Kali carb.* 3x given for the above symptoms verified clinically its homœopathic use without a doubt.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

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GENERAL FUND.

	<i>Subscriptions.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
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The usual monthly meeting of the Executive Committee was held at Chalmers House on Tuesday, 17th November.

THE WAR.

The Association—in this emergency, as in times of peace, the national almoner of the homœopathic public toward homœopathic institutions in special need—has been active during these past weeks on behalf of those homœopathic hospitals which have offered to the naval and military authorities the skilled services of their staff and a proportion of their beds, and many of which have already for some time past been treating the wounded, both British and Belgian. In one case (Southport) a small cottage hospital of thirteen beds has, by energy and ingenuity inspired by immense goodwill, converted thirteen into thirty-one; elsewhere similar expansion (though not on quite so startling a scale) has solved the problem of accommodating the wounded without undue displacement of the ordinary patients. And the need is steadily for more and more support.

As far back as August the British Homœopathic Association inaugurated a special War Hospitals Fund, and from September onwards has been making donations to the various homœopathic hospitals accepted by the authorities. In sums varying from one shilling to ten guineas, this fund has been built up, and still grows as still the need goes on; and already donations have been made out of it to the following homœopathic hospitals : Bromley, Eastbourne, London, Plymouth, St. Leonards, Southport, Tunbridge Wells. Besides these, a grant has been made from the fund to a homœopathic unit at the seat of war, Dr. Dudley Wright's hospital at Dieppe.

The Association appeals to all homœopaths who have not yet contributed to this fund to do so now. All of us on whose behalf the wounded have received their wounds may well do what we can to ease them, and homœopaths will naturally wish to do this on the lines of Homœopathy.

REVIEW.

“THE CASE FOR HOMŒOPATHY.”*

REVIEWED BY DR. T. G. STONHAM.

THE title sufficiently describes the purpose of this little book by our colleague, Dr. C. E. Wheeler. It is addressed to medical students and the medical profession generally, and it sets forth the claims that Homœopathy has to their serious attention, and demands that they should not reject it before they have put it to the test of experiment. The first chapter presents a statement of what Homœopathy is, and the next three chapters present each an argument in its favour, based, the first on historical grounds, the second on general biological knowledge, and the third on direct experimental tests. “Each argument is complete in itself, drawing no part of its value from the others, so that the three independent lines converge upon a single point, namely, that Homœopathy has a case which demands the fullest investigation.”

No one who reads the argument can fail to be convinced that Dr. Wheeler has established his case. It is presented with a clearness and persuasiveness that could not be surpassed. But whether those who are thus convinced will act on that conviction and put the homœopathic law to a practical test is another matter about which we are not so sanguine. “Vide meliora atque probo, deteriora sequor.”

Dr. Wheeler in his last chapter of summary and conclusion, discusses the interesting point as to what should be the future policy of homœopathists in this country and in Europe. He considers that the day has gone by when they should aim to possess separate teaching institutions, but that they should endeavour to rouse public opinion to demand that Homœopathy shall be recognised as a subject which it is desirable that every student should be acquainted with, that it should be studied during the last years of a student’s

* *The Case for Homœopathy.* By C. E. Wheeler, M.D., B.S., B.Sc. (London : The British Homœopathic Association (Incorporated), 43, Russell Square, W.C. 1914. 1s. net).

career, or in a post-graduate course ; that it should be an examination subject with due academic rewards for excellence therein, and that those who test the capacity of the student should themselves be men skilled in the practice of it.

Until these concessions are obtained we must keep up our distinguishing name and maintain our separate Institutions and Societies, for it is our duty to strive that the world shall not lose a principle and practice that we know to be of inestimable value.

The book is printed by the Garden City Press, Ltd., Letchworth, and is very pleasant to read and handle.

Hydrocephalus—water on the brain—is generally a call for *Argentum nit.*

Apocynum can., 5 to 10 drops of the decoction every other day, is said to be beneficial in Bright's disease.

For tickling, phlegm and cough *Rumex crispus* Θ tablets are very useful. For catarrh generally *Rumex crisp.* is a good remedy.

For persistent boils *Echinacea* Θ, 5 drop doses, once or twice a day, is a fine remedy, as has been repeatedly proved.

Do not forget *Chamomilla* 3 for that fretful child who seems highly indignant at something it cannot explain. Also remember that babies need water for their thirst.

Quinine is probably useful only in recent cases of chills and fever. When such cases linger *Natrum mur.*, 30 will cure many of them.

Women who are always "ailing," always want to be out in the cool air, are often cured by *Pulsatilla* 3. Characteristic of this drug is bland yellow discharges from any of the orifices of the body.

A bearing down sensation, weakness in the back, inclined to be chilly, a complexion inclining to dark yellow, calls for *Sepia*.

Sanguinaria 3 is a right-sided remedy, especially useful in sick headaches.

Spigelia 3, or in the tincture, 2 or 3 drop doses, has cured cases of intense long-lasting neuralgia, where the old school doctors said that nothing but cutting out the nerve would do any good.

Vertigo on rising from chair or bed may need *Petroleum* 3, especially if this is marked in winter time, for this seems to be a "winter remedy."

Any malignant disease, like the plague, yellow fever, or any condition where the blood comes dark and fluid and *does not coagulate*, calls for *Crotalus hor.* 3.

Myrica cer. in from 3 to 5 drop doses of the mother tincture is useful when the liver is out of order, jaundiced—more or less sleepless with bad dreams.—*Hom. Envoy.*

CORRESPONDENCE.

A CALL TO ORGANISE.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—An intelligent anticipation of events about to transpire is demanded, not only from the British nation in general, but from homœopaths in particular, at this juncture.

Various forms of service to the Expeditionary and Allied Forces on the part of homœopathic members of the professions of medicine and nursing have been made to and accepted by the Red Cross, and other organisations for the care of the sick and wounded in war. *Inter alia*, Mr. Dudley Wright, Dr. J. G. Hare, Dr. Cunningham, Dr. Octavia Lewin and others from England are working in France; Dr. Petrie Hoyle and Dr. Renton in Belgium, and a certain number of nurses trained at the London Homœopathic Hospital are on duty at the front and in hospital ships; certificated members of the Red Cross League, like Mrs. Roberson Day and others, are ready for departure, and by this time have probably left for active duty.

Mrs. Harold Williams, whose endowment of a bed for ladies at the London Homœopathic Hospital will be recalled, is engaged in equipping a Motor Ambulance for use under the ægis of the Red Cross. Mr. Harold Williams drives, Mrs. Williams, as certificated aide, attends, and has *en suite* a lady doctor. Should all go well, Mrs. Harold Williams has in her mind the possibility of another motor-ambulance being also equipped and despatched.

I do not for a moment imply that the foregoing are all the friends of Homœopathy who are actively serving the Allied Forces at this time. But it is to be noted that their work deals, mainly or wholly, with surgical cases; it is surgery that hitherto has been the dominant requirement in the salvage of flesh and blood—and they have our God-speed in their efforts.

The duration of the campaign and the stress of weather will in the immediate future make more insistent the claims of the sick to adequate provision

for treatment. In a word, medicine will require an increasing part of hospital equipment for allocation ; the work of the physician will be oftener called for.

Can Homœopathy play no definite, profitable part in restoring the health of the sick, disabled by privation and exposure in this gigantic war ? England, it may seem to us, has here a definite call for its homœopathic adherents to take the initiative. These can find physicians, nurses and helpers for the Staff ; hospital equipment and ambulance carriages would be no insuperable burden for provision by those to whom Homœopathy stands for a national asset.

I know that considerations of this kind are occupying the mind of Mr. R. H. Caird, the Chairman of Committee of the London Homœopathic Hospital, and other of the principal supporters of British Homœopathy. I write with the intention of speeding up the actual practical realisation of hospital treatment at the base, and under Homœopathic auspices, for the sick of the Expeditionary Force.

I conclude with the suggestion that the authorities of the London Homœopathic Hospital and the British Homœopathic Association might conjointly appeal for support to homœopaths in Great Britain to put this thing through, and the International Homœopathic Council, already busy within its own sphere of action, would gladly lend its aid to any particular plan of campaign.

I am, Yours faithfully,

GEORGE BURFORD.

35, Queen Anne Street,
Cavendish Square, W.

VARIETIES.

WET WEATHER REMEDIES.—*Dulcamara*.—Sudden change from warm to cold, damp weather.

Natrum sulph..—All symptoms worse in damp weather, especially before a storm with marked electrical disturbance.

Rhus.—Aggravation of symptoms from and complaints arising from wet cold.—*Journal A.I.H.*

HINTS.—*Platina* has the peculiar symptom that objects look smaller than usual, which may account for the self-exaltation and arrogance that so often goes with this remedy; or that the arrogance is the cause of the diminished appearance of things.

Platina is a good remedy for the constipation that with some always attends travelling.

If the face is pale, yellow, paralysis threatened or has occurred, hands and feet cold, cramps, it may be that *Plumbum* will benefit.

Sick headache with cholera morbus calls for *Iris vers.*

In throat affections where patients often want to loosen clothing about the neck, and feels that there is something in the throat that needs to be swallowed and often trying to swallow it, *Lachesis* may aid.

Calcarea phos. is a good remedy for adenoid growths in children.

According to some doctors each human has what might be called his "keynote remedy"—"always does me good." There may be something in it. Try various potencies.

If the face is habitually pale and the nose bleeds frequently try *Carbo. veg.* 30.

If a child has an unnatural craving for salty things try *Calcarea phos.*

Wherever you have a combination of heat, redness, throbbing, burning—*Belladonna* probably is needed.

Those who are very much subject to quinsy may be constitutionally aided by *Baryta carb.*

Nervous exhaustion—debility, sexual—has been benefited by *Avena sat.* θ, 5 to 10 drop doses twice a day.

Persistent thoughts of suicide require *Aurum met.* 6.

A fearful restlessness calls for *Aconite.*

Sumbul 2 for those whose heart action makes them lose breath on any exertion. Often verified.—MCGEORGE.

TRAUMATIC RUPTURE OF THE HEART.—In the *Journal of the American Medical Association* of February 28th, Dr. B. J. O'Neill has reported a case of a very rare accident—traumatic rupture of the heart. A schoolboy, aged nine years, while playing was set on by some older boys, who knocked him down and jumped on him. He walked home complaining of pain in the left groin, remained in bed two days, and then got up and about for four days, still complaining of pain in the left groin and hip. On the seventh day, he was taken a distance of thirty miles by train to Dr. O'Neill, still complaining of the same symptoms. At no time did he complain of pain in any other part. He walked from the station to the office. Examination showed a well-developed boy walking with a decided limp and evidently in considerable pain. Slight redness and swelling over the left saphenous opening was discovered. There was considerable limitation of the movements of abduction and rotation of the left thigh. No examination of the chest was made. The boy was sent to hospital, where a skiagram of the hip and pelvis was taken and showed nothing abnormal. Hot fomentations were applied to the haematoma in the groin. The temperature was 98.6° F., the pulse was 102

and regular, and the respirations were 25. He rested comfortably until about twelve hours after admission. Then he suddenly collapsed, the pulse and respiration became very rapid, and he died in an hour. At the necropsy the pericardium was found bulging forwards, very tense and full. It contained about 500 c.c. of fresh blood and about 200 grammes of dark clotted blood. At the auriculo-ventricular junction on the left side was a perforating slit about three millimetres long above the middle of the anterior leaf of the mitral valve. The myocardium and valves were normal. Evidently the heart was ruptured at the time the boy was jumped on, and some haemorrhage took place into the pericardium, which was followed by sealing of the perforation with clot. Some movement probably dislodged this clot, and death resulted from haemorrhage into the pericardium. It is remarkable that the boy was up and about for four days with only the clot sealing the opening. The case illustrates the lesson which will never cease to require enforcing—the necessity for complete examination of a patient. Dr. O'Neill thinks that had this been done, at least an approximate diagnosis might have been made.—*The Lancet*.

THE QUESTION OF ANTITYPHOID VACCINATION: RECENT ITALIAN EXPERIENCE.—Professor Lustig, of Florence, has submitted a communication on this subject to the Italian Minister of Marine. In it he draws attention to the praiseworthy initiative of the Chief Inspector of Hygiene, by which optional anti-typhoid vaccination was introduced into the navy, and to the good results already obtained in the sense of a marked reduction of this disease among those vaccinated. The efficacy of this prophylactic measure, however, is, according to Professor Lustig, frustrated, or at least considerably restricted, by the fact that it is not obligatory. Some, owing to their natural laziness as much as to general repugnance, will not submit to medical interference of a compulsory character, even if it is of a slight nature and free from inconvenience; owing also to lack of education on matters of hygiene, it is a fact that many will not undergo this vaccination, which has its main advantage when done on a massive scale and over a wide area. To secure its result it is necessary, in Professor Lustig's opinion, that such vaccination should be compulsory in the army and navy, as it is in Japan, the United States, and some other countries. Its absolute harmlessness is a more than sufficient guarantee to the State against possible judicial and moral responsibility. The efficacy of the results, however, is only obtainable when the vaccination is practised under the most favourable conditions in every respect. Professor Lustig does not place complete faith in highly optimistic statistics, whether civil or military. In his exhaustive report on anti-typhoid vaccination at the Twenty-Third Congress of Medicine, Dr. Moreschi observed that the diversity of results obtained in France were illustrated by an enormous reduction of mortality from 168.44 per 1,000 among unvaccinated, to 0.18 per 1,000 among vaccinated; in Germany and England, on the other hand,

the mortality fell respectively only from 99 to 55 per 1,000 and from 30 to 5 per 1,000. According to both Moreschi and Lustig the English statistics reflect more exactly the value of this prophylactic measure. In Italy it has not been hitherto possible to carry out this vaccination with the precision employed in England and Germany. The Pfeiffer-Kolle and the Vincent vaccine have, for example, been used promiscuously on the same individual, and vaccine of more than a year old has been utilized. Again, statistics take no note of persons who have already passed through an attack of typhoid fever, nor do they state whether individuals vaccinated in 1912 and revaccinated in 1913 were attacked. Neither does it appear what practical and scientific considerations induced those in authority to prescribe very small vaccinal doses, since the intensity of the reaction observed in those vaccinated is not a satisfactory scientific criterion. In order that these and similar mistakes may be avoided, Professor Lustig is of opinion that there should be specialization, or at least special technical instruction, in regard to those who are intrusted with the carrying out of these vaccinal methods.—*Lancet*.

THE SEAT OF FUNCTIONAL HEART-BLOCK.—There elapsed a considerable interval of time between the discovery that under certain conditions the auricles could beat independently of the ventricles, and the further evidence that lesser degrees of heart-block could be caused by such influences as vagal stimulation or drugs such as *Digitalis*. Whilst the former gross forms of heart-block are recognizable in any cases by the extraordinarily slow pulse and frequent syncopal or epileptiform seizures, the lesser degrees of block, causing, perhaps, only a lengthening of the interval between auricular and ventricular systoles, cause no disturbance of either pulse rhythm or rate. The latter forms of block may arise from slight lesions of the bundle of His; they may also arise from the causes above noted. It is now known, further, that the conducting system is made up of several parts; there is the auriculo-ventricular node at the "top" or auricular end of the bundle; then the bundle proper—a short tiny structure; then its two branches to the right and left ventricle respectively; and, finally, its terminal branches within the main ventricular mass. It has now become important to discover at what particular site or sites in this system functional block occurs. If block occurs at any one of the constituent structures, the end result, namely, disturbance of auriculo-ventricular sequence, is the same. The degree or type of block will therefore not assist in this matter. Some valuable observations relating to this subject have been made by Dr. T. Lewis, and these are published in *Heart* (1914, vol. v., p. 247). His observations were made upon dogs, and electric curves demonstrated the effects induced. By slowing the heart rythm at the sinus—the normal site of origin of the heart's contraction—he produced what is known as the *a.-v.* rhythm (nodal rhythm). In such a rhythm the heart's contraction is initiated at the *a.-v.* node, not the sinus, and as a result auricles and ventricles contract practically simultaneously. When such

a rhythm was induced vagal stimulation was applied. The result of this procedure is important. Instead of producing a "forward" or typical heart-block, a block in which the ventricle follows the auricle, but at a longer time interval, the reverse occurred; the auriculo-ventricular interval, which in *a.-v.* rhythm may be 0.04 second, instead of the normal 0.12 to 0.16 second, is still further reduced. The interval may be *nil*, or even a minus quantity. Such a result shows that the block is situate between node and auricle, since the pause between node and auricle delays the latter and so pushes it later and approximates its time-incidence to the ventricle. Functional block then has its seat at or in the immediate auricular vicinity of the *a.-v.* node. The observations showed also an additional fact. It was demonstrated that vagal action is more powerful upon the *a.-v.* node than upon the sinus. The value of this effect is obvious. If it were not so, it is possible that with high heart rates, such as those following exercise, an *a.-v.* rhythm would be readily induced, but the associated controlling effect of the vagus sustained during exercise upon the *a.-v.* node to a greater relative degree ensures little opportunity for its rhythmicity to exceed that of the sinus and thus initiate the rhythm. In this way the normal *a.-v.* sequence is preserved over wide variations of rate. The observations are of much value and reveal, incidentally, in a rather unexpected manner still another protective mechanism for preserving intact, under wide possible variations of conditions, the heart's vital action.—*Lancet*.

THE DUCK AS A PREVENTER OF MALARIA AND YELLOW FEVER.—The prevention of malaria and yellow fever by the use of animals which are the natural enemies of the mosquito does not seem to have received sufficient attention. Dr. S. G. Dixon, Commissioner of Health of the Commonwealth of Pennsylvania, has recently pointed out that the duck is one of the greatest enemies of the mosquito, and therefore can play an important part in the prevention of malaria and yellow fever. After trying the ability of fish to devour the larvæ and pupæ of mosquitoes with varied success he built two dams near one another on a stream, so that they gave exactly similar breeding grounds for mosquitoes. In one twenty mallard ducks were allowed to breed. The other was protected from water-fowl, but well-stocked with gold fish. The one remained for several months entirely free from mosquitoes, while the other swarmed with them in different cycles of life. To the infested pond ten well-fed mallard ducks were admitted. At first they were attracted by the tadpoles, but they soon noticed the larvæ and pupæ of the mosquitoes and ravenously devoured them in preference to any other food. After twenty-four hours no pupæ could be found, and after forty-eight hours only a few small larvæ. The motion of the water produced by the ducks of course drowned some of the insects, what proportion could not be estimated. For some years Dr. Dixon has been using ducks to keep down mosquitoes in swamps that would have been expensive to drain, but he never appreciated their efficiency until

he made these experiments. In the work of Howard, Dyar, and Knab on "Mosquitoes in North and Central America and the West Indies" is an essay on the destruction of the mosquito and house-fly by Mr. W. Beutenmueller, who expresses the view that aquatic birds could be used for the purpose of destroying mosquito larvæ. Mr. W. Lockwood, of Boston, who has made a hobby of raising aquatic fowl, thinks that the spoon-billed duck is particularly adapted to the destruction of larvæ resting on the surface of the water. While other birds, fish, spiders, batrachians, arthropods, and reptiles are all enemies of the mosquito, Dr. Dixon claims that none have the wide geographical range and the capacity of the duck for devouring large numbers of the larvæ and pupæ. Ducks can be used in ponds, swamps, both open and in jungles, and can be driven from place to place. We may point out that fish are being used for the destruction of mosquito larvæ with greater success than appears to have been obtained by Dr. Dixon. In Gambia a constant reserve of fish is maintained in some of the drains at the sea end, even in the dry season, and as required, fish are transferred to other drains and private wells. More and more people are having their wells stocked with fish, and this measure proves more efficient than well covers, which must be frequently removed. Fish from the sea introduced into comparatively fresh water take some time to adapt themselves to it, but after a day or two became brisk and destroy larvæ with avidity. The number which can be destroyed is shown by the following sanitary report. A drain which had been dry for some time filled up to ninety yards from the sluice gate during high tides in April, the average depth being four inches. On April 23rd larvæ half-grown and over were present to the number of 2,100. Eleven fish averaging four inches long and five averaging two inches, which had been kept some time in fresh water, were introduced at 11 a.m. Close inspection at 9 a.m. on the following morning did not show a single larvæ.—*Lancet*.

THE CONTAMINATION OF ARMY UNIFORMS.—Thirty-six years ago we published a report on the Contamination of Uniforms provided to the British Army made for us by Special Commissioners. At that time, and often with the laudable desire to help soldiers' widows, a good deal of work was given out from the Government army clothing depots. This was notably the case at the Pimlico depot, and our Commissioners traced the making of certain uniforms to houses where there were cases of scarlet fever and small-pox. The report naturally caused considerable sensation. Questioned in the House, Mr. Gathorne Hardy, Secretary for War, said there had only been one case of small-pox during the previous five years among those who at the Pimlico Works had handled the clothes as they were brought back from private dwellings where they might have been in contact with cases of infectious disease. The pertinence of the reply was lost however, when it was shown that there were only three persons so employed, and it was felt that the danger to the army of home tailoring in insanitary surroundings was very real. A much

closer watch over the premises where uniforms were given out to be made was instituted at once, and later some measures of disinfection were introduced. It would seem that the danger is still with us, though the state of our public health is now so good that it may be present in a less degree, while legislation against sweating has been of good effect. However, no one can read the descriptions of the life in the trenches, especially such trenches as the Germans have built near Soissons, and which our troops may penetrate, without feeling the need of exercising the greatest care to prevent the advent of specific disease germs in the line of battle. Soldiers who have to lead a life of appalling hardship for weeks on end, in hourly touch with death, and literally soaked in their vile environment would form an easy prey. The evil is not yet eradicated. At Bethnal Green a few days ago a master tailor had to answer two summonses for neglecting to keep a list of the names and addresses of outworkers according to the law. The offence leading to the present prosecution was discovered by the sanitary inspector at Bethnal Green, who ascertained that a woman was at work making an army great-coat in a house where scarlet fever had broken out. The master tailor had failed to keep a list of outworkers, though he had given out work to three persons. It was urged in court that there had been risk of carrying infection to the men who were laying down their lives for the country. Nevertheless, the defendant was only fined 10s. and £1 18s. costs. Now that so many uniforms are required and must be made at the utmost speed, the risk of such neglect as that just described increases in due proportion to the pressure brought to bear. Extra watchfulness is therefore imperatively necessary.—*Lancet*.

THE CULT OF ÆSCULAPIUS IN GREECE AND ITALY.—In the Proceedings of the Accademia dei Lincei Signor A. Maiuri once discussed an inscription upon an ex-voto set up in the sanctuary of Æsculapius upon the Esquiline hill in Rome. The inscription occurs upon the base of an offering representing Æsculapius as an infant, and erected, so the inscription states, by Nicomedes, a physician who is known also from a previously edited Greek inscription. The date of the text, if it could be ascertained with certainty, might fix the time of the building or re-building by Diocletian of the temple of Æsculapius, inside Trajan's Baths; but the dedication by Nicomedes may be a copy of an ancient text, and the statue also the replica of the former one executed to be placed in the Diocletian temple in place of one known to have been in an older shrine of the god of healing in Rome. M. F. Versakes, who is endeavouring to establish with greater accuracy the topography of ancient Athens, while tracing the partly covered foundations of the outer wall of the Asclepieum there, came upon those of a still earlier sanctuary beneath them. These enclose a large space than the Asclepieum boundary, and so mark the precincts of the older Eleusinum. The first shrine of Asclepios was probably in the western part of this larger enclosed space, but after the god was invited to Athens as guest and

protector he appears to have appropriated most of the eastern part of the Eleusinum, leaving the western space, near the entrance to the Acropolis, to serve as the Eleusinum for later times. Some years ago, from very ancient Greek inscriptions discovered in a small temple ruin upon the Acropolis at Athens Herr Koerte considered it proved that the god of healing, of whose worship Sophocles was a priest, was Amynos, who in B.C. 420, on the introduction of Asclepios, was associated in worship with the latter deity, and with Hygeia. Sophocles then became an official of the Asclepios cult. In a recent number of the *Journal of the German Archaeological School at Athens*, however, Herr Schmidt has endeavoured to show that the medical deity to whom Sophocles was first a priest was Halon, who is to be identified with Halissothius. The cult, like those of many early deities of healing, was connected with a spring. The Latin legend sets forth that in B.C. 293 an oracle commanded the Romans to send an embassy to Epidaurus to find out what god was adored there, and that in consequence of that deputation, Æsculapius came to Rome in the form of a serpent. This story may have originated from a statue of the deity having been transported to Italy bearing with the deity's own image his customary attendant serpent. As an interesting commentary upon this theory the evidence derivable from inscriptions found in Italy tends to show that Æsculapius did not, as was stated by Roman annalists, arrive in Rome direct from his most important and ancient shrine at Epidaurus, but by some more circuitous route and from some intervening sanctuary, probably in Southern Italy. In support of this view it is noticeable that in the dedicational inscriptions to him found in his early shrine upon the island in the Tiber, his name is spelled Aiscolatio, indicating that his cult came there from some Greek sanctuary whereat it was written Αἰσκλαπίος. Now this spelling had disappeared at Epidauras as early as the fifth century B.C., and had given place to Ἀσκλαπίος, later Ἀσκληπίος. The route by which the worship of Æsculapius really reached Rome appears to have been *via* Tarentum, for an inscription upon a vase from that place spells the name Aislapi. Moreover, Varro, when writing of a picture representing a chariot race in which the contestants are Tarentines, tells us the scene was at the old temple of Æsculapius. Again, Julian, in the fourth century of our era, wrote of the Æsculapian cult as coming from Ionia to Tarentum and thence to Rome, and as the peace with Rome and Tarentum was made in B.C. 293, this agrees with the date of the legendary arrival of the deity in Rome from Greece. It would seem likely, therefore, that the worship of Æsculapius came to Tarentum, in Italy, from Greece at a very early date, while the deity's name was spelt in the archaic form, and later journeyed up the Italian peninsula from the south to Rome.

Lancet.

Dr. George Royal (*Iowa H.J.*, December) speaks favourably of *Zincum phos.* 3, "cases of mental deterioration of strong mental persons who have been afflicted by epilepsy." Also: "I have

found the 3rd of *Cal. phos.* useful in staying the progress of the disease when examination of the blood showed that the patient was suffering from pernicious anaemia."—*Journal A.I.H.*

"TIPPERMALLUCH'S RECEIPTS."—Sir Walter Scott, in a memoir of his early life, penned about a century ago, records how at the age of three years he was often wrapped in a sheepskin taken from a newly-slaughtered animal, and in this "Tartar-like habiliment" lay on the ground while his paternal grandfather and old General Sir George MacDougall, of Makerstoun, bent over him and tried to entice him to use his limbs by pulling their watches along the ground. He had fallen lame after teething, and his parents, though they were related to Dr. Wood and Dr. Rutherford, famous in the Edinburgh of their day, "grasped at every prospect of cure which was held out by the promise of empirics, or of ancient ladies or gentlemen." A raw skin or hide was, of course, supposed to be productive of strength. The idea lingers among savages to-day, but in the Scotland of 1774 it was pretty widely believed in by a nation famous for its education and rationality. That prince of sceptics, David Hume, died in 1776, but before his death the prevailing superstition in matters medical of his contemporaries had been strengthened by the publication of a second edition of "Tippermalluch's Receipts" a work which must be read to be conceived. Who "that worthy and ingenious gentleman" John Moncrieff of Tippermalluch may have been it is impossible at this distance of time to find out, for his name occurs in no biography and Tippermalluch figures in no gazetteer. There being a village of Malluch in Lanarkshire, however, we are perhaps right in inferring that Tippermalluch is in its neighbourhood, and that it belongs to the Celtic half of Scotland and had at one time strong Gaelic medical traditions. The book, which is comparable to the famous "Thousand Notable Things" of the south of England, of which an edition containing numberless quack remedies was published at Salisbury at the close of the eighteenth century, dates manifestly from a period long prior to 1775, when the second edition was published in Leith, or, indeed, from 1712 when the book first saw the light. So full of magic and of the influence of the stars are the "Receipts" that we are justified in supposing that they date from savage or pagan times. To quote only a few remedies. "The heart of a wolf eaten or drunken, cures the epilepsy." Again, "a wolf's skin worn about the middle preserves from this disease." "For an hysterical passion, take the powder of the flesh of a wolf and wear a piece of the said flesh salted always about you." The last wolf is supposed to have been killed in Scotland in 1680, hence these remedies may be said to date from a period long prior to the eighteenth century. Others are concerned with amulets and charms. A ring set with a topaz is held to be a cure for "running of the reins." The root of satyron held in the hand is an aphrodisiac. The hairs of a white dog hung round the neck are prone to mitigate epileptic fits, while corral and saffron, "rolled in the skin of a bladder" and hung round the throat cure

a semitertian fever, as does an emerald worn in the same way. Plague may be cured by hanging the roots of the pimpernel round the neck, or by carrying about a carbuncle, ruby, garnet, hyacinth, sapphire or agate. A man's own urine and faeces, passed through a cloth and drunk, are another remedy for the plague, while for fistula "a man's dung burnt, adding thereto powder of pepper, passeth all other kinds of cures." A "cancerous fistula" is cured by ashes "of a dog's head burnt." Goats' dung takes away pain and swelling. Dung is in constant use; this points back to the time when savages believed that excrement, urine, blood and so forth, contained the immortal element in man. Akin to the foregoing uses is Tippermalluch's recipe for a wound in the breast—"Cause the patient suck the milk of a woman's broast, and also make injections of the same in the wound." Human milk is prescribed in the same way for consumption. The remedies are mostly older than the age of signaturism, and surprising as they appear there is a factor common to many of them—namely, the idea that the humours and excrements of the body are of medicinal value. As a rule, the old chap-books, printed in the South, are shy of appearing too openly superstitious, but in this work a long section is openly devoted to the subject of mischievous acts, "and putting of devils to the flight." St. John's Wort, known us *fuga demonum*, hung in a house hinders these last. And we are further told that "whoever carries upon him eringo roots shall be preserved from witchcraft. The loadstone kepted upon a man removes disorder between man and wife. A pyot roasted speedily recovers the sick to health, and relieves all who have been enchanted from their birth." This prodigious book of pagan receipts was no sinister secret publication. It appears to have been sold by an enterprising bookseller, one William Coke, whose detailed list of wares must have rendered him extremely popular among all classes in Midlothian.—*Medical Register*.

RUMEX.—An incessant, dry spasmodic cough, worse by breathing cold air, by lying down, at night. The irritation causing the cough is from mucus which produces a tickling behind the sternum. The time of day is from 10 to 12 p.m. There is relief from covering the head and breathing under the bed clothes.

PHOSPHORUS.—A dry, rough, hoarse cough, with tightness or oppression of the chest and spurting of urine during the cough. Phosphorus has two marked aggravations, first, talking, laughing, and singing; second, going from warm into cold air. There is a good deal of burning in the larynx also beneath the sternum. Notwithstanding the dryness of the cough and burning, you may have mucus, frothy, bloody, purulent mucous expectoration. With the cough of bronchitis and pneumonia the phosphorus patient cannot lie on the left side without attacks of suffocation.

Sulphuric acid in atonic gastric distress, with an abundance of saliva, coldness in stomach relieved by hot water bottle applied; nausea with chilliness, exhaustion aggravated from coffee.

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